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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1650 SEP 1 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30246

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1500

1. PLACE OF DEATH:

(a) County St. Louis, 1

(b) City or town Rich Hgts (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 5616 Enright, Ave., (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Fred A. Newberger. 162

3. (b) If veteran, name war World War

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maxine Prather Newberger.

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased June (Month) 21 (Day) 1894 (Year)

8. AGE: Years 45 Months 2 Days If less than one day hr. min.

9. Birthplace New York, (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation Insurance Broker

11. Industry or business Laclede Insurance Agency. 1

FATHER
12. Name Julius Newberger. 7
13. Birthplace unknown (City, town, or county) Europe (State or foreign country) 7

MOTHER
14. Maiden name Ann Fuchs. 7
15. Birthplace unknown (City, town, or county) Europe (State or foreign country)

16. (a) Informant's own signature Jack Chasnoff.

(b) Address 5616 Enright, Ave.,

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug. 24 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address 7233 Delmar Blvd. University City

19. (a) AUG 22 1939 (Date received local registrar) (b) P R Meyer M Dr. (Registrar's signature) 707

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Aug. day 21 year 1939 hour 2 minute p M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on 8/21 , 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	
Due to Intestinal Obstruction	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Ruptured Terminal Ileum Peritonitis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 1

Address 415 Nw Theater Bldg Date signed 8/22/39

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. Nosed or DRAFT in plain terms, so that it may be properly classified.

12242

Mo. Theatre Bldg.
JE- 6680

Dr. J.F. Clancy.
Univ. Club. Bldg.
JE- 9962
Hrs 1-3 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Don McKenney, Registered Apprentice No. 219 working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 30246

Registered No. 1502

1. PLACE OF DEATH

County: St. Louis — Registration District No. 784

Township: — Primary Registration District No. 11

City: Rich Hts. (No. St. Marys Hosp. St. Ward)

2. FULL NAME Fred A. Neuberger

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
45	2	–	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 8-22 1939 T R Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Intestinal obstruction	
No Malignancy	

Other contributory causes of importance: Ruptured terminal ileum

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) 845 Neo Theatre Bldg, M. D.

(Address) St. Louis

CONFIDENTIAL

These were no malignancy this patient was operated old first time (abdominal) resection four years previously. Patient was discharged about 3 days during convalescence - developed intestinal obstruction - operated in New York. Died from peritonitis shortly after operation.

S-30246