

Registration District No. **201**

Primary Registration District No. _____

1. PLACE OF DEATH: **1008** **2**
(a) County _____
(b) City or town _____
(c) Name of hospital or institution: **ST LOUIS ARTENHEIM**
5408 S. BROADWAY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 MO**
(Specify whether
In this community **LIFE**
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State **MO** (b) County _____
(c) City or town **ST. LOUIS** **15**
(If outside city or town limits, write "RURAL")
(d) Street No. **5408 So BROADWAY**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **MINNIE HAMBERG.**
8. (b) If veteran, name war **none** 8. (c) Social Security No. **none**
4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **UNKNOWN** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **SEPT. 13 - 1866**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **29** P. M.
year **1939** hour **9** minute _____
21. I hereby certify that I attended the deceased from **Aug 1**
_____ 1939, to **Nov 29** 1939,
that I last saw her alive on **Nov 29** 1939,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 **2** **9** hr. _____ min.

Immediate cause of death **Cerebral Hemorrhage** Duration **hr 19/39**

9. Birthplace **ST CHARLES MO.**
(City, town, or county) (State or foreign country)

Due to **Arteriosclerosis** ?
Due to **Diabetes mellitus** ?

10. Usual occupation **HOUSEWORK** **D**

Other conditions **none**
(Include pregnancy within 3 months of death)

11. Industry or business **HOME** **G**

Major findings: Of operations _____
Of autopsy **am**
Underline the cause to which death should be charged statistically

MOTHER FATHER { 12. Name **UNKNOWN**
13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **J. D. Hoover**
(b) Address **5408 So Broadway**

17. (a) **BURIAL** (b) Date thereof **11/25/39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VALHALLA CEM.**

18. (a) Signature of funeral director **T. S. Fowler, Jr**
(b) Address **7128 Michigan Ave**

19. (a) **NOV 24 1939** (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence **any time**
(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) (e) Means of injury _____

While at work? _____
23. Signature **Max Starbuck** (M. D. or other) **MD**
Address **512 Over Park** Date signed **11/24/39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Geo. P. Fendler, Jr.*
Licensed Embalmer No. *925*
P. O. Address *St. Louis.*

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

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