

NOV 16 1940  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8495

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jewish Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 12 yrs  
years, months or days

3. (a) PRINT FULL NAME Joseph Greenberg

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Dina Greenberg 6. (c) Age of husband or wife if alive (unk) years  
7. Birth date of deceased March 10, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 7 3 hr. 6 min.

9. Birthplace Krakow Austria Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Retail Gen Wase

12. Name Samuel Greenberg

13. Birthplace Krakow Austria  
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Stern

15. Birthplace Krakow Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin Greenberg

(b) Address 6019 Westminster

17. (a) burial (b) Date thereof 10/14/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director H.B. Berger

(b) Address 4715 McPherson

19. OCT 14 1940 (b) J. J. Redbeck  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5730 Kingsbury  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 62 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13  
year 1940 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from 10 - 6 - 1940 to 10 - 13 - 1940  
that I last saw him alive on 10 - 13 - 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

Due to uremia

Due to nephrosclerosis

Other conditions hernia  
(Include pregnancy within 3 months of death)

Major findings: bronchitis  
Of operations

Of autopsy

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_


23. Signature Milton Smith (M. D. or other) M. D.  
Address Beaumont Med. Bldg. Date signed 10/14/40

**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.....



Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, fact should be so stated above.**