

FILLED NOV 4 1941

Registration District No. 293

Primary Registration District No. 5411-4177

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Pacific, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution?
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 10 years
years, months or days)

8. (a) PRINT FULL NAME Mabel S. MITTELBERG

3. (b) If veteran, name war Nil 8. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred B. Mittelberg 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 13 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 4 22 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Oswin J. O'Brien

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

14. Maiden name Julia M. Steinbach

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J.B. Murray
(b) Address Pacific, Mo.

17. (a) Burial (b) Date thereof 10/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director Mittelberg Funeral Home

(b) Address Webster Groves, Mo.

19. (a) Oct 6 1941 (b) Mary B. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
(c) City or town Pacific, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 36
(If rural, give location)
(e) If foreign born, how long in U. S. A. 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5th
year 1941 hour 6:30 minute 2 M.

21. I hereby certify that I attended the deceased from Nov 10 1940 to Oct 5 1941,
that I last saw her alive on Oct 5 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to Arteriosclerosis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
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)
(c) Means of injury _____
23. Signature J.B. Murray (M. D. another)
Address Pacific, Mo. Date signed 10/5/41

Duration 18 mo
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

6
2
0

MAY 15 1944

NOV 3 1944

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

Guy W. Wilkin

Licensed Embalmer No. 35-75

P. O. Address Webster Groves

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.