V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32533

FILED NOV 15 1944

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 9509

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

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:
3256 North 20th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3256 North 20th Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Danny Loberg

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife ----

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

7. Birth date of deceased September (Month) 8 (Day) 1943 (Year)

8. AGE: Years 1 Months 2 Days 0 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Herman Loberg
13. Birthplace Perryville (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Irene Monaco
15. Birthplace Chicago (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Herman Loberg
(b) Address 3256 North 20th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 10 (Day) '44 (Year)
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Beiderwieden Funl Home Inc
(b) Address 1936 St Louis Avenue

19. (a) NOV 9 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8 year 1944 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on 4-7-44 (Y mo) ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute lymphatic leukemia about 6 months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 74

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Leland L. Robert (M. D. or other)

Address 3770 Washington Date signed 11/8/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Leroy Robertson JE 4465 830-12
3720 Washington

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 G W Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ln

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, fact should be so stated above.