

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2786
State File No. _____
Registrar's No. 187

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5383 Union Blvd. J
(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)

3. (a) PRINT FULL NAME: Raymond E. Lorberg
3. (b) If veteran, name war _____
3. (c) Social Security No. 488-03-1384

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife: Isabell M. Lorberg 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased August 13th, 1904
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 ~~28~~ If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Hardware

12. Name Fred Lorberg

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

14. Maiden name Lydia Rabenort

15. Birthplace Nashville, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Isabell M. Lorberg

(b) Address 5919 Emma Ave.

17. (a) Burial (b) Date thereof I/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kraeger-Voss, Inc.

(b) Address 3402 N. Kingshighway

19. (a) JAN 7 1948 (Date received by registrar) (b) 1948 J. F. Bremer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County *000*
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5919 Emma Ave. 4
(If rural, give location) 7
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1948 hour 9 minute 10 AM.

21. I hereby certify that I attended the deceased from 12-12-1948 to 1-5-1948
that I last saw him alive on Jan 5-1948
and that death occurred on the date and hour stated above.

Immediate cause of death: CORONARY OCCLUSION Duration 1 hr

Due to _____

Due to _____

Other conditions: Arterial Hypertension 2 YRS.
(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:

(c) 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) _____

Signature: James J. Cook (M. D. or other) MD

Address: 5536 Robin Run Date signed 1-6-48

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

MOTHER FATHER

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..... *J. W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

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.