

FILED SEP 13 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 27905

7560

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS-MISSOURI
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ALEXIAN BROTHERS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-1-48 to 8-27-48
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME KLEINBERG, BEN

3. (b) If veteran, name war No 3. (c) Social Security No. 500-26-2420

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years
7. Birth date of deceased June 5, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 2 22 hr. min.

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

10. Usual occupation Night watchman

11. Industry or business

MOTHER { 12. Name August Kleinberg
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Teresa Harting
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Spruell
(b) Address 4750 Rosalie

17. (a) Burial (b) Date thereof Aug 30, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Bromschwig and Son Funeral Home

18. (a) Signature of funeral director 4746 W. Florissant Ave.

(b) Address 4746 W. Florissant Ave.
19. (a) AUG 29 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4750 Rosalie (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 27
year 1948 hour 12:45 minute P.M.

21. I hereby certify that I attended the deceased from MAY
1, 1948, to AUGUST 27, 1948
that I last saw him alive on AUGUST 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration

Due to Prolonged bed case

Due to

Other conditions Progressive Spastic Paralysis - 25 yrs
(Include pregnancy within 3 months of death)

Major findings: 8/7
Of operations 8/7
Of autopsy 8/7
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) (e) Means of injury 8/28/48
While at work? Yes
23. Signature Dr. J. P. Murphy Date signed 8/28/48
Address Missouri State Bldg

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.....

W. W. Wilkinson

Licensed Embalmer No. *3575*

P. O. Address *St. Louis Mo*

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..