

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39443  
State File No. 10666

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Missouri</b> )		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS,</b>	
		STREET ADDRESS <b>1505 MARKET ST.</b>	
3. NAME OF DECEASED (Type or Print)	a. (First) <b>FRANK</b>	b. (Middle)	c. (Last) <b>MILBERG</b>
4. DATE OF DEATH	(Month) <b>NOV.</b>	(Day) <b>29,</b>	(Year) <b>1951</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>2/22/1870</b>
9. AGE (In years last birthday) <b>81</b>		10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED NIGHT WARCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HENRY MILBERG</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>FRANKLIN MILBERG</b>		ADDRESS <b>1600 19th ST.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <b>HOLLYWOOD FLA.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia &amp; effusion</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) <b>? Proteus Vulgaris</b>			
DUE TO (c) <b>Bronchiectasis, emphysema, Arteriosclerotic Heart Disease</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR) TOWNSHIP (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4937</b>	
22. I hereby certify that I attended the deceased from <b>11-12-51</b> , 19___, to <b>11-29-51</b> , 19___, that I last saw the deceased alive on <b>11-29-51</b> , 19___, and that death occurred at <b>12:20A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. Spencer Payne, M.D.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>	23c. DATE SIGNED <b>11-29-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12/3/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cem</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MISSOURI</b>
25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl Smith</b>		ADDRESS <b>STROOT - CARROLL 4600 NATL BRIDGE</b>	

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

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Albert Mayfield*

Licensed Embalmer No. *3077*

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.