

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6575

State File No.

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1601**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4405 W. Pine		d. STREET ADDRESS (If rural, give location) 19 4405 W. Pine	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MILTON	b. (Middle) R.	c. (Last) LORBER	Feb 19 1952		

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-25-1886	9. AGE (In years less birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (State or foreign country) Columbia City Ind.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Samuel Lorber	13b. MOTHER'S MAIDEN NAME Fanny Shuck	14. NAME OF HUSBAND OR WIFE Marguerite Lorber
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 303-30-2222	17. INFORMANT'S SIGNATURE OR NAME Marguerite Lorber	ADDRESS 4405 W. Pine
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis		1 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Sclerosis		5 yrs
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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4301
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22. I hereby certify that I attended the deceased from **10/4**, 1951, to **19 Feb.**, 1951, that I last saw the deceased alive on **19 Feb.**, 1951, and that death occurred at **3 A.** m., from the causes and on the date stated above.

23a. SIGNATURE Norman W. Deerp M.D.	(Degree or title)	23b. ADDRESS 607 N. Grand	23c. DATE SIGNED 19 Feb. 52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 21 21 / 52	24c. NAME OF CEMETERY OR CREMATORY Jewish Anetia	24d. LOCATION (City, town, or county) (State) Columbia City Ind.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 20 1952 J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Wagner	ADDRESS 4356 Euclid
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

