

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 4 5 6 3 4

FILED VS. DEC. 3, 1959

STATE FILE NUMBER

211140

MEMORANDUM

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. CITY OR TOWN <u>UNIVERSITY CITY - 30</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEWISH HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>1275 VAUGHAN</u>	
3. NAME OF DECEASED (Type or print) First Middle Last		4. DATE OF DEATH Month Day Year	
<u>BABY BOY KLEINBERG</u>		<u>11 - 29 - 59</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-29-59</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>
13a. FATHER'S NAME <u>SIDNEY KLEINBERG</u>		13b. MOTHER'S MAIDEN NAME <u>DEVORAH STONE</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>U. City - 30.</u>
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Pulmonary atelectasis</u>			
DUE TO (b) <u>Prematurity - 24 (months)</u>			
DUE TO (c) <u>Premature labor - 762.5</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>11/29/59 7:28 AM</u> to <u>11:2 PM. 11/29/59</u> and last saw him alive on <u>9 PM.</u>			
Death occurred at <u>11:2 PM. 11/29/59</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Heru Foster MD</u> (Degree or title)		22b. ADDRESS <u>727 Mo Theater Bldg.</u>	22c. DATE SIGNED <u>11/30/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12/1/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Berger Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>University City, Mo</u>
24. FUNERAL DIRECTOR <u>Berger Memorial</u>	ADDRESS <u>4715 Mc Pherson</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 1 1959</u>	26. REGISTRAR'S SIGNATURE <u>Loard Smith. M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MJB

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_  
Licensed Embalmer No. 3988

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.