MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 0224

Registered No. 1392

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1212 Jones St. Ward)

2. FULL NAME Alice M. Isoff

(a) Residence. No. 1212 Jones St., 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fem.	Col'd	married

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(or)~~ WIFE OF Wm. H. Isoff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
abt.	70			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) —
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Eliza Borne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky

14. INFORMANT Wm. H. Isoff
(Address) 1212 Jones St.

15. FILED FEB - 9 1927 Max E. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1927, to Feb. 7, 1927, that I last saw h. alive on Feb. 5, 1927, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chr.
Uremia
Coma
(duration) yrs. 21 mos. ds.

CONTRIBUTORY (SECONDARY) Cardio-nephritis Chronic
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Walter E. Hemmel, M.D.
2-8-1927 (Address) 214 Ch. W. Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ St. Peters Cem. — DATE OF BURIAL Feb. 10 1927

20. UNDERTAKER J. H. Harrison — ADDRESS 2906 Lawton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. M. E. Hennerich
40 36 Chanteau
G-7976