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

Do not use this space.

19580

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1002 Registered No. 5184

City St. Louis Mo. (Missouri Baptist San. St. ..... Ward)

2. FULL NAME Clyde Lewis Israel

(a) Residence. No. 2424 Oakland Ave. St., 12 Ward. Overland Mo.
(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Kathryne Davis Israel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-27-1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	1	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Concrete Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Witchita
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Fred. Israel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) U.S.A.
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) U.S.A.

14. INFORMANT Kathryne Davis Israel
(Address) 2424 Oakland Ave

15. FILED MAY -9 1929 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1929

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1929, to May 7, 1929, that I last saw him alive on May 6, 1929, and that death occurred, on the date stated above, at 10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

103 A Pulmonary Embolism, following thrombosis right
111 A femoral vein.

84 (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Involutional Melancholia

(duration) yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Leland B Alford, M. D.

, 19 (Address) Beaumont 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: Valhalla Cem.

DATE OF BURIAL: May 9 1929

20. UNDERTAKER: Alexander & Sons

ADDRESS: 6175 Delmar

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.

3720 Washington Blvd. Beaumont Bldg.