

JUN 2 1935

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

Do not use this space.

18100

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St Louis Mo (No. 1012 Made du Home)

File No.
Registered No. **4443** St. Ward

2. FULL NAME

Peter Issa
(a) Residence, No. 908 La Salle St., 32 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1914
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 8 7

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis mo

13. NAME Elias Issa

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis mo

15. MAIDEN NAME Ida Messer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis mo

17. INFORMANT Ida Messer (ADDRESS) 908 La Salle

18. BURIAL CREMATION, OR REMOVAL PLACE St Peter Church DATE May 17 1935

19. UNDERTAKER Francis Neillage (ADDRESS) 3130 Gaycolton

20. FILED 17 1935 REGISTRAR J. B. Bede

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1935
22. I HEREBY CERTIFY, That I attended deceased from May 9 1935 to May 16 1935
I last saw him alive on May 16 1935 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Mastoiditis
Date of onset _____
1198
Other contributory causes of importance: Acute Enteritis

Name of operation Operation Date of 5/16/35
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) L. J. Callahan, M. D.
(Address) 1750 Olive

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.

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