

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

Do not use this space.

6121

939

MAR 21 1936

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kear Primary Registration District No. _____
City Manassas City (No. St. Lukes Hosp.) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Isaac Block
(a) Residence, No. 3510 Olive St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Flora Block</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 2, 1849</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>4</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at St. Lukes m.

The principal cause of death and related causes of importance were as follows:

Fracture of pelvis
R. Neck of Femur

Date of onset

Other contributory causes of importance:

Fracture of pelvis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 2-21 1936

Where did injury occur? St. Lukes Hosp. Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Slipped & fell to floor

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

_____, M. D.

(Signed) J. J. Debus

(Address) St. J. Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hungary

MOTHER FATHER

13. NAME

Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Not Known

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Not Known

17. INFORMANT (ADDRESS)

Arthur Block
3510 Olive

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Hill Cem. DATE Feb 24, 1936

19. UNDERTAKER (ADDRESS)

J. P. Phoguis Funeral Home
St. J.

20. FILED

2-22 1936 M. M. Travis, Dist Registrar.

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.

0081
589