AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Ferguson Town Registration District No. 333 File No. 28269

Township St. Ferdinand Primary Registration District No. 4468 Registered No. 133

City Robertson (No. Jewish Sanitorium St. Ward)

2. FULL NAME Benjamin Franklin Isaacs

(a) Residence, No. Belcher Hotel, St. Louis St. Ward. St. Louis, 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: May D. Isaacs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 31 - 1867

7. AGE: YEARS 69 MONTHS 6 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Interior
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Decorator
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

FATHER
13. NAME: J. L. Isaacs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia

MOTHER
15. MAIDEN NAME: Amelia Loeb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): May D. Isaacs 5856 Pershing

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Sinai DATE 7/16 1937

19. UNDERTAKER (ADDRESS): Mayer 4356 Lindell

20. FILED 7-15 1937 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1936 to July 14, 1937
I last saw him alive on July 14, 1937 Death is said to have occurred on the date stated above, at 4:15p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (left).	
Arteriosclerotic heart disease	

Other contributory causes of importance:
Hypertension. 95
Pulmonary emphysema.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

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) Selig Simon, M. D.
(Address) Jewish Sanatorium, Robertson, Mo.

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.