

SEP 10 1937

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

29462

Do not use this space.

1. PLACE OF DEATH

(a) County.....2 Registration District No. **791**
 (b) Township.....1 Primary Registration District No. **1003**
 (c) City St. Louis (d) Street No. 6751 Nashville St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 47 yrs. mos. ds. (f) How long in U.S., if of foreign birth 47 yrs. mos. ds.

Registered No. **8095**2. PRINT FULL NAME Gus Eisen

(a) Residence, No. 6751 Nashville St. 4 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Gertrude Eisen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 47 10 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as saw mill, bank, etc. Cinema

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 OCCUPATION

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

13. NAME Charles Eisen

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

15. MAIDEN NAME Lena Shar

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

17. INFORMANT (ADDRESS) W. D. Wey
4715 McPherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth 8/29, '37

19. FUNERAL DIRECTOR (ADDRESS) W. D. Wey
4715 McPherson

20. FILED AUG 28 1937 J. K. Bredeck Local Registrar.

~~NO MEDICAL CERTIFICATE OF DEATH~~
~~No Physician in Attendance~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at 7:30 A.M. m.
 The principal cause of death and related causes of importance were as follows:

Aortic Stenosis + Mitral Insufficiency Date of onset

Other contributory causes of importance:

Oedema of Brain

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?..... 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..... 4

Nature of injury..... 4

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

If so, specify Alfred Perry M.D.

(Signed) Alfred Perry (Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

15 19 48 77225

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STATEMENT BY LICENSED EMBALMER

I, Herbert D. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed H. D. Berger

Licensed Embalmer No. 1597

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)