

791 STANDARD CERTIFICATE OF DEATH 1003

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 8638

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hosp. Police patrol
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Joseph H. Iskiwitch

3. (b) If veteran, name was no 3. (c) Social Security No. 489-05-6525

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Iskiwitch 6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased April 4, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 6 12 hr. min.

9. Birthplace West Prussia Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Manufacturer

11. Industry or business Work clothes

12. Name Saul Iskiwitch

13. Birthplace West Prussia Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna (unk)

15. Birthplace West Prussia Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Iskiwitch

(b) Address 5535 Cabanne

17. (a) burial (b) Date thereof 10/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director H.B. Berger

(b) Address Oct 17 - 1940 4715 McPherson

19. (a) (b) J. P. Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 5
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5535 Cabanne
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th
year 1940 hour 4 minute _____ P.M.

21. I hereby certify that I attended the deceased from July 33 to Oct 16, 1940
that I last saw him alive on July 5, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death coronary thrombosis
acute

Due to angina pectoris & hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Reginald J. Berger (M. D. or other) msd

Address 63 W. 9th Date signed Oct 14/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

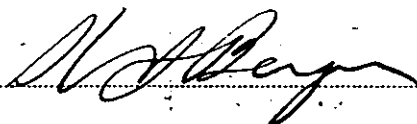
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed.....



Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.