S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8509
Registrar's No. 2368

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether 0
In this community 40 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 5 0 0 0 17 9
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5712 KINGSBURY (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Manuel Izen or EISEN
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife LENA IZEN or EISEN
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased APRIL (Month) 10 (Day) 1873 (Year)

8. AGE: Years 68 Months 11 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) RUSSIA (State or foreign country)
10. Usual occupation BROKER
11. Industry or business GRAIN
FATHER
12. Name Jacob IZEN
13. Birthplace (City, town, or county) RUSSIA (State or foreign country)
MOTHER
14. Maiden name Rose
15. Birthplace (City, town, or county) RUSSIA (State or foreign country)
16. (a) Informant Mrs Stella Brush
(b) Address 4745 W C Millian
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3 (Month) 16 (Day) 42 (Year)
(c) Place: burial or cremation Beth-Hamedrosh-Hagodol
18. (a) Signature of funeral director [illegible]
(b) Address 4469 Washington
19. (a) MAR 16 1942 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1942 hour 7 minute 30 A M.
21. I hereby certify that I attended the deceased from March 13, 1942, to March 15, 1942, that I last saw him alive on March 15, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure 93d
Due to Arteriosclerosis
Due to Chr Myocarditis 93d
Other conditions (Include pregnancy within 3 months of death) 93c
Major findings: Of operations Removal of cataract unrelated to cause of death
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature F R Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed

844 (Licensed Embalmer's Statement on Reverse Side)

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 W B Kenhandler

Licensed Embalmer No. 3669

P. O. Address .....

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

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