. S. No. 2
M—9-4-41
y. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8425

FILED APR 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2872

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:
Jewish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University City 2 N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 6920 Pershing
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Marion Harris Isaacs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jacob Isaacs

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May (Month) 6 (Day) 1893 (Year)

8. AGE: Years 49 Months 10 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Marcus Harris
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Edith Abeles
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Jacob Isaacs
(b) Address 6920 Pershing

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) MAR 26 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24
year 1943 hour 5 10 minute P. M.

21. I hereby certify that I attended the deceased from Mar 23, 1943, to Mar 24, 1943
that I last saw her alive on Mar 24, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	40 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Cerebral Haemorrhage

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

23. Signature Dr. P. D. Stahl (M. D. or other)
Address 462 N. Taylor Date signed 3/21/43

(Licensed Embalmer's Statement on Reverse Side)

JUL 21 1948

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.)

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