V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35597

96
3
5

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15415

State File No.

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 1008

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7458 Gannon Ave
(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 St. Louis 96 3

(c) City or town University City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7458 Gannon
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME SIMON ISAACS.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 29, 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 27 If less than one day hr. min.

9. Birthplace London (City, town, or county) 4 England (State or foreign country)

10. Usual occupation Leather goods salesman

11. Industry or business

FATHER
12. Name Judah Isaacs
13. Birthplace England (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Julia Brooker
15. Birthplace England (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Lucille Harris
(b) Address 7458 Gannan

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (c) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) APR 28 1943 (Date received local registrar) (b) E. S. McGoran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1943 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from April - 24th 24th, 1943 to April - 26th, 1943 that I last saw him alive on April - 25th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dilatation Heart Acute	2 days
Due to Arterio - Sclerosis	yrs
Due to myocarditis	yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93d

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 Harry G Greditzer (M.D. or other)
Address 1034 Mo. Theatre Bldg Date signed 4/27/43

(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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.