

FILED JUL 8 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1499

I. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural St. Ferdinand Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
JEWISH SANATORIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1438 E. Grand
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME

Isaac Shapiro

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Bessie Shapiro 6. (c) Age of husband or wife if alive years

7. Birth date of deceased unk
(Month) (Day) (Year)

8. AGE: Years ab 78 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Volhynia USSR
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter contractor

11. Industry or business

MOTHER FATHER { 12. Name Yehuda Shapiro USSR
13. Birthplace USSR
(City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace USSR
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Gold
(b) Address 5501 Easton

17. (a) burial (b) Date thereof 6/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director 4715 McPherson
(b) Address

19. (a) JUN 29 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1943 hour 4 minute - P. M.

21. I hereby certify that I attended the deceased from March 23 1943, to June 27 1943.

that I last saw him alive on June 27 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Deterosclerosis of the coronary arteries and Anginal pectoris
Due to General arteriosclerosis

Due to chronic lung abscess (possibly malignant)

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations [Signature]
Of autopsy _____
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? _____

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

23. Signature [Signature] (M. D. or other) 0
Address JEWISH SANATORIUM Date signed 6/27/43

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

96
0

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..... 1597

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, above space should be left blank.