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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6479

Registrar's No. 1283

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

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:
8415 Church Road
(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 aao

(c) City or town St. Louis 8 17
(If outside city or town limits, write "RURAL")

(d) Street No. 8415 Church Road 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MICHAEL IZO (MIKE)

3. (b) If veteran, name war

3. (c) Social Security No. 492-07-9825

4. Sex Male C

5. Color or race White

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

6. (b) Name of husband or wife Marie Izo

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 11-1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	9	24	hr. min.

9. Birthplace Austria-Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business

FATHER
12. Name Stephan Izo
13. Birthplace Austria-Hungary 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Udvaros
15. Birthplace Austria-Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie Izo
(b) Address 8415 Church Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8-1947
(Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Wm C Mondell
(b) Address 1926 Allen Ave

19. (a) FEB 7 - 1947 (Date received local registrar) (b) J F Beelack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 47 hour 8:50 minute a M.

21. I hereby certify that I attended the deceased from Nov 5, 1947, to Feb 5, 1947 that I last saw him alive on Feb 4, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	2 days
Due to Myocardial Failure	3 mos.
Mitral Stenosis	+
Due to Chronic Myocarditis	-
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Albert J. Sansevill (M. D. ~~or other~~)
Address 8363 - Halls Ferry Rd Date signed 2/6/47

(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 .....

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

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.