V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11483

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3216

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:
Enroute Jewish Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 34 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")

(d) Street No. 1393 Temple Pl. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME ISAAC SANDLER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Sylvia Sandler

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

7. Birth date of deceased ABOUT (Month) 1862 (Day) (Year)

8. AGE: Years ab. 85 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) LITHUANIA 8 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Shoe Mfgr

FATHER
12. Name Laib Sandler
13. Birthplace (City, town, or county) Lithuania 8 (State or foreign country)

MOTHER
14. Maiden name (unknown)
15. Birthplace (City, town, or county) Lithuania 8 (State or foreign country)

16. (a) Informant Ben Sandler
(b) Address 7258 Cornell

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation Beth Ham Hag

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

19. (a) MAR 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th year 1947 hour 4 minute 50 p.M.

21. I hereby certify that I attended the deceased from June 30, 1946 to Mar 25, 1947; that I last saw him alive on Mar. 25, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary Thrombosis	24 hrs
Due to: generalized arterio sclerosis	many years
Due to	
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) 0
While at work? (e) Means of injury

23. Signature Joseph Magidson (M. D. or other) MD
Address 520 West gate Date signed 3-26-47

(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.....

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

working under my personal supervision.

Signed Lewis R Ludwig

Licensed Embalmer No. 4229

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.