

S. No. 2
1-12-45
5-17-39
P 1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 18969
Registrar's No. 4824

Registration District No. _____ Primary Registration District No. _____

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:
3968a Palm St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 62 yrs. 8 Mons 1 Day. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis, Mo
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3968a Palm St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Isreal
3. (b) If veteran, name war No 3. (c) Social Security No 490-01-8315

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 10, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 1 hr. _____ min.

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

10. Usual occupation Rubber Moulder

11. Industry or business _____

MOTHER FATHER { 12. Name Ber nard Isreal
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Christina Kottenstette
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Isreal
(b) Address 3968a Palm St

17. (a) Burial (b) Date thereof 5-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galaxy Cemetery

18. (a) Signature of funeral director Woodhart & Woodhart
(b) Address 2228 St. Louis Ave

19. (a) MAY 13 1947 (b) J. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1947 hour 18 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 18, 1947
_____ 19 _____ to May 10th 1947.
that I last saw him alive on 5th May 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to Myocardial Infarction

Due to Myocardial Infarction

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy OK

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? _____

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

23. Signature W. Jackson Pollock (M. D. or other) _____

Address 4052 West Balje Date signed 5/12/47

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

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..... *Elmo R. Cadwell*

Licensed Embalmer No..... *4077*

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.