S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 22 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25501

Registrar's No. 6614

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Jewish Hospital (If not in hospital or institution, write street number or location)

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

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 0000

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

(d) Street No.: 415 Clara Ave. 9 (If rural, give location)

(e) Citizen of foreign country? 12 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: William B. Eiseman

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Irma Eiseman

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
about 68	--	--	hr. min.

9. Birthplace: Council Bluff (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: Advertising

FATHER 12. Name: Simon Eiseman

13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Esther Danbaum

15. Birthplace: New York N.Y. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Irma Eiseman

(b) Address: 415 Clara

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-15-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Sinai Cemetery

18. (a) Signature of funeral director: Herman Kirshbaum

(b) Address: 5216 Delmar Blvd.

19. (a) JUL 14 [redacted] (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1947 hour 5:00 minute P.M.

21. I hereby certify that I attended the deceased from 1925 to July 13 1947; that I last saw him alive on 7/13 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Infarct	7 days
Coronary artery heart disease	3 yrs +
Due to: Diabetes mellitus	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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: Llewellyn Sale (M. D. or other)

Address: 4500 Olive Date signed: 7/14/47

Jefferson City Printing Co.

(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 John Keller

Licensed Embalmer No. 3880

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.