S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40131

FILED NOV 28 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10186

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 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 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6640 Washington 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME ISADORE SAFIER
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 Lee B. Safier
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 62	-	-	hr. min.

9. Birthplace Newark (City, town, or county) New Jersey (State or foreign country)
10. Usual occupation Architect
11. Industry or business Famous-Barr Co.
MOTHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
FATHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lee B. Safier
(b) Address 6640 Washington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Newark, N. J.
18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd
19. (a) NOV 14 1947 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1947 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 1938 to Nov. 11 1947; that I last saw him alive on Nov. 11 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Coronary occlusion with myocardial infarct

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 0

23. Signature Max S. Franklin (M. D. ~~or coroner~~)
Address 634 N. Grand Date signed 11/12/47

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 Van M. Sizemore

Licensed Embalmer No. 4343

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.