S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41653

FILED JAN 13 1948

Registration District No. 949 — Primary Registration District No. 1002 — Registrar's No. 5554

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

1. PLACE OF DEATH:
(a) County: Jankson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 4022 College 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Simon J. Eisberg
3. (b) If veteran, name war: no x
3. (c) Social Security No.: x
4. Sex: Mn
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Eva
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years 72 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace: (City, town, or county) Russia (State or foreign country)
10. Usual occupation: Merchant
11. Industry or business: Chemicals

FATHER
12. Name: Jacob Eisberg
13. Birthplace: (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name: Chaia Zira
15. Birthplace: (City, town, or county) Russia (State or foreign country)

16. (a) Informant: Jack Eisberg
(b) Address: K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Ridge
18. (a) Signature of funeral director: J. P. Louis Funeral Home
(b) Address: Kansas ity, Mo.
19. (a) 12-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29 year 47 hour 11 minute 5 P.M.
21. I hereby certify that I attended the deceased from 12-29-47, 19..., to 2 hours, 19..., that I last saw him alive on 12-29, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to: hypertension
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings:
Of operations: N.P.
Of autopsy:

Duration

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? K.C. (City or town) (County) Mo. (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: J. A. Pigno (M. D. or other)
Address: 925 Argyle Date signed: 12-30-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 20 1956

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep Mo.

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.