No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6526
Registrar's No. 1663

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: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4244 E Garfield 9
(If rural, give location)
(e) Citizen of foreign country? 11 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME George Izeman
3. (b) If veteran, name war ✓
3. (c) Social Security No. 497-05-0123
4. Sex MALE 2
5. Color or race COLORED
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLARA IZEMAN
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased FEB (Month) 3 (Day) 1898 (Year)

8. AGE: Years 50 | Months — | Days 12 | If less than one day hr. min.

9. Birthplace ST. CHARLES (City, town, or county) MO (State or foreign country) 0
10. Usual occupation LABORER
11. Industry or business
FATHER
12. Name BEN IZEMAN 0
13. Birthplace ST. CHARLES CTY (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name MINNIE HARDING 0
15. Birthplace ST. CHARLES (City, town, or county) MO (State or foreign country)
16. (a) Informant Mrs Clara Izeman
(b) Address 912 So 2nd St St. Charles Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CEMETERY
18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Stoddard St.
19. (a) FEB 18 1948 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1948 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Feb. 1, 1948, to Feb. 15, 1948
that I last saw him alive on Feb. 15, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Organic Brain Disease - Probable Inflammatory	Undet.
Due to	
Due to	
Other conditions: Calcified Dessimated (Include pregnancy within 3 months of death) Tuberculosis	

Major findings:
Of operations
Of autopsy None

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 Herbert J Erwin (M. D. or other)
Address 2601 N Whittier Date signed 2/16/48

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 Arthur L. Hallcard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

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.