

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

28006

State File No. 7247

Registrar's 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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 da.
In this community 40 yrs.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Isidore Mariam

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA MARIAM 6. (c) Age of husband or wife if alive about 65 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

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

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Hay & Grain

12. Name Abraham Mariam

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Etter

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Mariam

(b) Address 6451 Alamo

17. (a) Burial (b) Date thereof 8-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Orenlander

(b) Address 5010 Enright Ave.

19. (a) AUG 18 1948 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6451 Alamo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1948 hour 3 minute 15 P.

21. I hereby certify that I attended the deceased from 8/5, 1948, Aug 17, 1948,
that I last saw him alive on Aug 17, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Cor Pulmonale years

Due to Pulmonary Emphysema years

Due to HTA

Other conditions Atherosclerosis
(Include pregnancy within 3 months of death)
Broncho-Pneumonia

Major findings: _____

Of operations _____

Of autopsy _____

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 Arthur E. S. [Signature] M.D. or other _____

Address 539 N. Grand Date signed 8/19/48

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

MOTHER FATHER

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 W. J. Overlander

Licensed Embalmer No. 3669

P. O. Address 5010 Enright

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.