

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3340

State File No.

FILED FEB 14 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0860**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSP.		d. STREET ADDRESS (If rural, give location) 5572 VERNON	

3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) Smith c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JAN 27, 1952		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH unk	9. AGE (In years last birthday) at 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) Butcher		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) USSR		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unk	13b. MOTHER'S MAIDEN NAME unk	14. NAME OF HUSBAND OR WIFE Fanner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME Mrs. G. Epstein	ADDRESS 5572 Vernon
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 11 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension DUE TO (c) Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 332X
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22. I hereby certify that I attended the deceased from **1946** to **Jan 27, 1952**, that I last saw the deceased alive on **Jan 27, 1952**, and that death occurred at **7:10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Barrett L. Tausig (Degree or title) M.D.	23b. ADDRESS 4500 Olive St. St. Louis	23c. DATE SIGNED Jan 28, 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) R	24b. DATE 1/28/52	24c. NAME OF CEMETERY OR CREMATORY Beth. Home Day	24d. LOCATION (City, town, or county) (State) Ladue Mo
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DATE REC'D BY LOCAL JAN 28 1952	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Benjamin	ADDRESS 8715 Mulherson
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *James G. Pauling*
Licensed Embalmer No. *7829*

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.