

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10825

State File No.

No. 300

10-45 FILED MAR 20 1952

BIRTH NO. 21515 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 706

1. PLACE OF DEATH a. COUNTY <u>SP. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>UNIVERSITY CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>UNIVERSITY CITY 4006</u>	
c. LENGTH OF STAY (in this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>1031 RAISHER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1031 RAISHER</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>SCOTT</u> c. (Last) <u>ISAACS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 17 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>JAN 14 1952</u>
9. AGE (In years last birthday) <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>ARTHUR ISAACS</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA SCHANZOR</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>ARTHUR ISAACS 1031 Raiser</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-respiratory arrest</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Congenital heart disease</u>			
		DUE TO (c) <u>Upper respiratory infection</u>			
II. OTHER SIGNIFICANT CONDITIONS ¹¹		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>475X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 17 1952 6:20 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Falls dead in crib</u>	

22. I hereby certify that I attended the deceased from Mar 17, 1952, to Mar 17, 1952, that I last saw the deceased alive on 19, and that death occurred at 6:20 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>George A. ... MD</u>		23b. ADDRESS <u>337 N. Euclid</u>		23c. DATE SIGNED <u>Mar 17, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/17/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesebrough Shelburne</u>	
24d. LOCATION (City, town, or county) (State) <u>UNIVERSITY CITY MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bergon Memorial</u>		ADDRESS <u>4715 N. Pherson</u>	
DATE REC'D BY LOCAL REG. <u>3-17-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, MD</u>			

SW

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James J. Anderson*.....

Licensed Embalmer No. *4339*.....

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.