

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14408

State File No.

S. No. 300
V. 10.48

3366

APR 25 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital				d. STREET (If rural, give location) (ADDRESS) 16 3549 Giles Av			
3. NAME OF DECEASED (Type or Print) a. (First) Michael		b. (Middle) _____		c. (Last) Izo		4. DATE OF DEATH (Month) (Day) (Year) April 9 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 6 1909	
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Rubberoid Co		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Michael Izo			13b. MOTHER'S MAIDEN NAME Marie Sagat			14. NAME OF HUSBAND OR WIFE Anna Izo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Anna Izo		ADDRESS 3549 Giles Av	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cornary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chc Myocarditis DUE TO (c) Mitral Stenosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH < 1 day 1 yr. ?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) St Louis Mo Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 8-6 , 19 51 , to April 9 , 19 52 , that I last saw the deceased alive on April 8 , 19 52 , and that death occurred at 7:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Max Standhoff MD				(Degree or title) _____		23c. DATE SIGNED 4/9/52	
23b. ADDRESS 512 Doe Place		24a. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24b. LOCATION (City, town, or county) (State) St Louis, Missouri			
24c. DATE REC'D BY LOCAL REG. APR 10 1952		24d. REGISTRAR'S SIGNATURE Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home			
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE _____		ADDRESS 1926 Allen Av			

WRITE PLAINLY—USING UNFADEING 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Bob A. Trauman

Licensed Embalmer No. 4533

P. O. Address St. Louis 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.