

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45018

State File No. _____

FILED JAN 26 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12019**

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, Missouri		c. LENGTH OF STAY (If in place) WKS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2060	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		f. STREET ADDRESS 6 5009 Page		g. (If rural, give location)	
3. NAME OF DECEASED (Type or Print) ISAAC		a. (First)		b. (Middle)	
c. (Last) PEARL		4. DATE OF DEATH DECEMBER 29, 1952		5. DATE (Month) (Day) (Year)	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH Aug 11, 1890		9. AGE (In years last birthday) 62-12		10. IF UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cantor		10b. KIND OF BUSINESS OR INDUSTRY Religion		11. BIRTHPLACE (City and State or Foreign Country) USSR 6	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jacob Pearl		13b. MOTHER'S MAIDEN NAME Rose Kaufman	
14. NAME OF HUSBAND OR WIFE Anna		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. H. Cotlar		ADDRESS 719 Leland		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as suffocation, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Possible Bowel Obstruction</u>			
19a. DATE OF OPERATION 4-29-52		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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? 334X	
22. I hereby certify that I attended the deceased from <u>12-13-52</u> , 19 <u>52</u> , to <u>12-29-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-29-52</u> , 19 <u>52</u> , and that death occurred at <u>2:55A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Am Higgins, M.D.</u>		(Degree or title)		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 12-29-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 12/30/52	
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel meth		24d. LOCATION (City, town, or county) (State) University City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 McPherson	
DATE REC'D BY LOCAL REG. DEC 30 1952		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 McPherson	

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

STATEMENT BY LICENSED EMBALMER

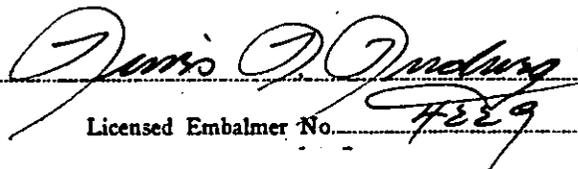
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4229

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 45018
Local Registrar's No. 12019

State of Missouri }
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 26th day of Jan., 1952, before me appears.....
Tharmaster, who, upon his oath, states that the original record of ^{birth} death
for ISAC Pearl, died December 29, 1952, in the State of
Missouri, and which was filed at St. Louis on Dec. 30, 1952 should be corrected as follows:

Item No. 8 should read Aug. 11, 1880

Instead of unk

Item No. 9 should read 72

Instead of ab. 72

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief
(SEAL) Affiant Tharmaster Free
Serge Mennel - div
4715 McPherson Relationship.

Present Address.

Subscribed and sworn to before me this 26th day of January, 1952

My Commission expires Aug. 1, 1956 Quess O. Quiding Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-45018