

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13491**
Registrar's No. **3004**

No. 300
10.48

FILED APR 27 1955

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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

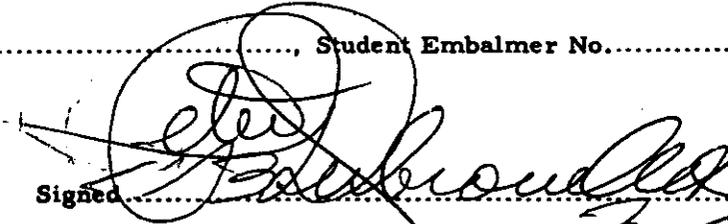
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN University City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 707 Eastgate Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) Rollins		b. (Middle) B.		c. (Last) Isaacs		4. DATE OF DEATH (Month) (Day) (Year) 4-3-55		
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 1, 1927		9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months 10 Days -	IF OVER 1 YEAR Hours - Mins. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Knife		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Joseph Isaacs			13b. MOTHER'S MAIDEN NAME Anna Askenasy			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 493-24-1790		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Isaacs-707 Eastgate Ave. ADDRESS _____				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH 7 days
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dystonia Musculorum Deformans				15 yrs.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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) _____				
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? 491X				
22. I hereby certify that I attended the deceased from 3-28 , 1955, to 4-3 , 1955, that I last saw the deceased alive on 3-3 , 1955, and that death occurred at 5:15 a.m., from the causes and on the date stated above.								
23a. SIGNATURE C. D. Vermillion, M.D. (Degree or title) M. D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 4/3/55		
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 4/5/55	24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. APR 4 1955		REGISTRAR'S SIGNATURE C. D. Vermillion			25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc., 5216 Delmar ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.