

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17133**  
**3260**

FILED MAY 25 1955

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>3260</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>20 5/9</b>		c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		STREET ADDRESS (If rural, give location) <b>5349 Cabanne Avenue</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ISADORE</b>		b. (Middle) <b>WISE</b>		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 10, 1955</b>		5. SEX <b>Male</b>		
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Unknown</b>
9. AGE (In years last birthday) <b>Abt. 82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Executive (Retired)</b>		
10b. KIND OF BUSINESS OR INDUSTRY <b>Paint</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Jane Wise</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>D. Samuel Wise-7525 Buckingham</b>
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) <b>ARTERIO SCLEROSIS, HEART DIS.</b> ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>GEN. ARTERIO SCLEROSIS</b> DUE TO (c) <b>ACCIDENT - CONTRIBUTORY CAUSE</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>CARCINOMATOSIS, GEN. U</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 mos.</b> <b>INDETERMINATE</b> <b>12/22/54</b> <b>INDETERMINATE</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>FRACTURED HAND + FRACTURED RIBS</b>		19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>HOMICIDE</b>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>STREET</b>		20c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE <b>ST. LOUIS</b> <b>Jefferson</b> <b>MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>DEC 22 1954 10:00</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>STRUCK BY BUS</b>
22. I hereby certify that I attended the deceased from <b>3/15, 1938</b> , to <b>4/10, 1955</b> , that I last saw the deceased alive on <b>4/10, 1955</b> , and that death occurred at <b>3:45</b> p.m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Harry Eggers M.D.</b>		23b. ADDRESS <b>6347 Grand,</b>		23c. DATE SIGNED <b>4/11/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4/12/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman Rindskopf, Inc., 5216 Delmar Bl.</b>		
DATE REC'D BY LOCAL REG. <b>APR 12 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		ADDRESS <b>Herman Rindskopf, Inc., 5216 Delmar Bl.</b>

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.....  
Signature of Student Embalmer

Signed.....  
*Edw B. Dehrouille*

Licensed Embalmer No. *369*

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