

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027074

STATE FILE NUMBER
6933

FILED JUL 21 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS MO</u>		c. CITY OR TOWN <u>FERGUSON MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DE PAUL Hosp.</u>		-d. STREET ADDRESS (If outside, give location) <u>818 WALTERS DR.</u>	
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle Last <u>ISING</u>		4. DATE OF DEATH Month <u>JULY</u> Day <u>9</u> Year <u>1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APR. 10 1886</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMSTRESS</u>		9b. KIND OF BUSINESS OR INDUSTRY	
10a. FATHER'S NAME <u>JOHN POLAK</u>		10b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12. SOCIAL SECURITY NO. <u>486-18-10929</u>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generalized</u> DUE TO (c) <u>420.1</u>		14. NAME OF HUSBAND OR WIFE <u>LEONARD B. ISING (DECD)</u>	
15. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		18. CITY, TOWN, OR LOCATION COUNTY STATE	
19. I attended the deceased from <u>July 1953</u> to <u>July 9, 1958</u> and last saw her <u>him</u> alive on <u>July 9, 1958</u> Death occurred at <u>12:30 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. SIGNATURE (Deceased or title) <u>M D Ferguson MD</u>		20. ADDRESS <u>Ferguson MO</u>	
21. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		21. DATE <u>JULY 11 1958</u>	
22. NAME OF CEMETERY OR CREMATORY <u>S. S. PETER & PAUL</u>		22. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
23. FUNERAL DIRECTOR <u>Thomas Kutia 2906 Grand</u>		23. DATE RECD. BY LOCAL REG. <u>JUL 2 1958</u>	
24. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		24. DATE SIGNED <u>9-11-58</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

