S. No. 2
—11-10-39
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I X21492

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

FILED JUL 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19973

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 4921

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town ~~St. Louis~~ CITY NR
(If outside city or town limits, write "RURAL")

(d) Street No. 6636 Alamo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 years years.

3. (a) PRINT FULL NAME Isaac Meyer bm

3. (b) If veteran, name war No

3. (c) Social Security No. 490-12-5988

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rebecca Meyer

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years 68. 65 Months Days If less than one day hr. min.

9. Birthplace Poland (City, town, or county) Russia (State or foreign country)

10. Usual occupation Presser

11. Industry or business Ladies coats-factory

MOTHER FATHER

12. Name Elchonon Tablinsky

13. Birthplace (City, town, or county) Russia (State or foreign country)

14. Maiden name Jeanette (unk)

15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant H. Sparks

(b) Address 6539 San Bonita

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) JUN 5 1940 (Date received local registrar) (b) J. O. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/4 day 40 year hour minute M.

21. I hereby certify that I attended the deceased from Jun, 1940, to 6/4, 1940; that I last saw him alive on 6/3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 hour
Due to coronary sclerosis	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Goldman (M. D. or other) MD

Address 634 N. Grand Date signed 6/5/40

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....1597.....

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, above space should be left blank.