

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 351

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 204 Harvard Street		d. STREET ADDRESS (If rural, give location) 204 Harvard Street	

3. NAME OF DECEASED (Type or Print) Samuel			4. DATE OF DEATH January 31 1949		
5. SEX Male		6. COLOR OR RACE Jewish		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH August 29 1886		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe repair	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe repair		10b. KIND OF BUSINESS OR INDUSTRY Own business		11. BIRTHPLACE (State or foreign country) Warsaw, Poland 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hymen Waisblum		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Sarah Waisblum		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Sarah Waisblum		17. ADDRESS 204 Harvard St. St. Joseph, Mo.		18. CAUSE OF DEATH	

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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		DUE TO (b) CORONARY SCLEROSIS		4 HRS	
DUE TO (c) ARTERIO SCLEROSIS		DUE TO (b) CORONARY SCLEROSIS		UNKNOWN	
DUE TO (c) ARTERIO SCLEROSIS		DUE TO (c) ARTERIO SCLEROSIS		UNKNOWN	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		0		0	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION 0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 0		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 0	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 0		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 0		21f. HOW DID INJURY OCCUR? 0	

22. I hereby certify that I attended the deceased from June, 1946, to Jan 31, 1949, that I last saw the deceased alive on Jan. 31, 1949, and that death occurred at 6:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE Allen Ischerman		(Degree or title) M.D.		23b. ADDRESS St. Joseph, Mo. - 1302 FARRON ST.	
23c. DATE SIGNED 2-2-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 3, 1949	
24c. NAME OF CEMETERY OR CREMATORY Shaare Sholem Cemetery		24d. LOCATION (City, town, or county) St. Joseph, Mo.		(State)	

DATE REC'D BY LOCAL REG. Feb. 2, 1949		REGISTRAR'S SIGNATURE E. L. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer	
ADDRESS 1946 Colhoun St. St. Joseph, Mo.					

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 *Robert E. Harrington* _____

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.