

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 6 - 1953

State File No. 37596

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 8947
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		a. STATE Missouri b. COUNTY St Louis		
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN University City 346)		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 7365 Delmar Blvd		
3. NAME OF DECEASED (Type or Print) a. (First) ISAAC b. (Middle) SHERMAN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) SEPT-14-1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) abt 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Sobel Sherman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS David Kreekmann 7365 Delmar U. City	
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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma 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.		INTERVAL BETWEEN ONSET AND DEATH 2 mo
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 162 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 4, 1953 , to Sept 14, 1953 , that I last saw the deceased alive on Sept 4, 1953 , and that death occurred at 5:00 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Barnett A. Tausig M.D.		23b. ADDRESS 4500 Oliv. St		23c. DATE SIGNED Sept 15
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept-16-1953	24c. NAME OF CEMETERY OR CREMATORY Chesed-Shel-Emeth-Cemetery, St. Louis County Mo.	24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. SEP 15 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN RINDSKOPF INC 5216 Delmar Blvd	

