

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH35833  
State File No. ....  
Registrar's No. 8559

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8559</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>			c. LENGTH OF STAY (in this place) <b>30 yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>1408a Blackstone</b>				<b>20690</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ISADORE</b>			b. (Middle) _____		c. (Last) <b>PLATTNER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 18, 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr.</b>		8. DATE OF BIRTH <b>unk.</b>		9. AGE (In years last birthday) <b>ab 65</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 WKS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retail shoes</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Harry Plattner</b>			13b. MOTHER'S MAIDEN NAME <b>Rose Snow</b>			14. NAME OF HUSBAND OR WIFE <b>Anna</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna Plattner 1408a Blackstone</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ABSCESS, RT. THIGH</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 WKS</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>OSTEOMYELITIS, ACUTE RT. FEMUR</b>						<b>3 WKS.</b>	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>DUODENAL ULCER DIABETES MELLITUS</b>						<b>5 YRS. 4 WKS</b>	
19a. DATE OF OPERATION <b>9/17/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>ABSCESS, RT. THIGH WITH OSTEOMYELITIS, RT. FEMUR</b>						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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>7300</b>					
22. I hereby certify that I attended the deceased from <b>7/6</b> , 19 <b>49</b> , to <b>9/18</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>9/17</b> , 19 <b>54</b> , and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Harry Plattner</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>634 N. GRAND</b>			23c. DATE SIGNED <b>9/18/54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		24b. DATE <b>9/20/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chevra Kadisha</b>		24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>			
DATE REC'D BY LOCAL REG. <b>SEP 20 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Berger Memorial 4715 McPherson</b>				

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Lawrence J. DeL...*

Licensed Embalmer No. 3788

P. O. Address.....

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.