

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22154**  
Registrar's No. **5744**

FILED JUN 29 1956

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5744</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 township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>28 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>1343 Goodfellow</b>				STREET ADDRESS (If rural, give location) <b>1343 Goodfellow</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Isaac</b>		b. (Middle) _____		c. (Last) <b>Tepper</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 16, 1956</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. 92</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. 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>Poultry &amp; Eggs</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>		12. CITIZEN OF WHAT COUNTRY? <b>USSR</b>	
13a. FATHER'S NAME <b>Edward Tepper</b>			13b. MOTHER'S MAIDEN NAME <b>Thelma (unk)</b>		14. NAME OF HUSBAND OR WIFE <b>Emma</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emma Tepper 1343 Goodfellow</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac decompensation</b> <b>Arteriosclerotic heart disease</b> Antecedent causes <b>Arteriosclerotic heart disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Benign Prostatic hypertrophy</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Benign (prostatic) Hypertrophy</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>  <b>years (?)</b>  <b>5 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>420.0</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>6-7-56 6-16-56</b>			
22. I hereby certify that I attended the deceased from <b>June 7, 1956</b> to <b>June 16, 1956</b> , that I last saw the deceased alive on <b>June 7, 1956</b> , and that death occurred at <b>10 a.m., June 16, 1956</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Burton G. Shatz</b> (Degree or title) _____				23b. ADDRESS <b>4652 Maryland</b>		23c. DATE SIGNED <b>6/16/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		24b. DATE <b>6/17/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chased Shel Emeth</b>		24d. LOCATION (City, town, or county) (State) <b>University City Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JUN 18 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith Mo</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. DeLuca*

Licensed Embalmer No. 3988

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.