

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26055

State File No. ....

FILED AUG 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 906

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>50 Yrs</b>	c. CITY OR TOWN <b>St. Joseph</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>529 South 9th Street</b>		e. STREET ADDRESS (If rural, give location) <b>529 South 9th Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Riva</b> b. (Middle) <b>---</b> c. (Last) <b>Eisberg</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 18th 1956</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>April 5th 1874</b>		9. AGE (In years last birthday) <b>82 Yrs</b>		10. 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>Housewife,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>formerly in Grocery.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Russia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Robert Malcov</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Minookin</b>	
13c. NAME OF HUSBAND OR WIFE <b>Harry M. Eisberg</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	

17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ester Eveloff, (sister)</b>		ADDRESS <b>505 So. 9th St. Joseph, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis unknown</b>		INTERVAL BETWEEN ONSET AND DEATH	
		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.			

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)	
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 Aug. 18, 1956, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred Found 3:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>B. W. Tadlock M.D. act. or</b>		23b. ADDRESS <b>2727 Jules St. City</b>		23c. DATE SIGNED <b>Aug. 20 '56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>(Burial)</b>		24b. DATE <b>Aug. 20 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Shaare Sholem Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Guerr</b>		ADDRESS <b>St. Joseph, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Aug 23, 1956</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Guerr</b>	
				ADDRESS <b>St. Joseph, Mo.</b>	

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

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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  .....,  
Licensed Embalmer No.....3258.....

P. O. Address ...St. Joseph, Mo.....

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.