N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7239

File No. 2123

Registered No.

APR 2 1934

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. Barnes Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Ethel Irene Isselhardt

(a) Residence, No. 1185a Hamilton St., 5200 Ward 5 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Isselhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21, 1892

7. AGE: Years 41 | Months 2 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marissa Illinois

FATHER

13. NAME Argeness Riggor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pinckneyville Illinois

MOTHER

15. MAIDEN NAME Jessie Riggor Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo.

17. INFORMANT (ADDRESS) Mrs J. Riggor 1185a Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE Mar 3 — 1934

19. UNDERTAKER (ADDRESS) Shepard Funeral Home 1167-69 Hamilton Ave.

20. FILED MAR - 1 1934 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1934, to 2-28, 1934

I last saw her alive on 2-28, 1934. Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	2-28
Cerebral hemorrhage	
Carcinoma of plasma (metastatic)	

Other contributory causes of importance:

Carcinoma of breast

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. W. Iron, M. D.

(Address) Barnes Hospital

Valhalla Cem
Sat Mar 3