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.

DEC 20 1935

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

Do not use this space.

42083

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township Central — Primary Registration District No. 6248 H. — Registered No. 240.
City Richmond Heights (No. St Marys Hospital St. Ward)

2. FULL NAME Julia Van Iseghem
(a) Residence, No. 7418 Somerset Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emil Van Iseghem
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 26 1863
7. AGE: YEARS 72 — MONTHS 1 — DAYS 9 — 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): France

FATHER
13. NAME: Charles Hartenstein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Edmond Van Iseghem 7418 Somerset Av
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 12-9 1935
19. UNDERTAKER (ADDRESS): Arthur J Donnelly U. Co 3846 Lindell Ave
20. FILED 12-7 1935 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 5, 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov. 27th, 1935, to December 5, 1935
I last saw her alive on Dec. 5, 1935. Death is said to have occurred on the date stated above, at 10 15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arteriosclerotic and hypertensive	
Cardio-vascular Disease	Uncertain
Occlusion of coronary artery	9 days
Passive Congestion of Lungs	4 days
Diabetes Mellitus	Uncertain

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: No
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? No
If so, specify
(Signed) G. O. Brown, M. D.
(Address) 1325 S. Grand

Des Loges Hospital