

REC'D APR 7 1939

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

10738

Do not use this space.

## 1. PLACE OF DEATH

(a) County FRANKLIN Registration District No. 297  
 (b) Township WASHINGTON Primary Registration District No. 3016  
 (c) City WASHINGTON (d) Street No. WASHINGTON HOSPITAL (St. Francis Hospital) Registered No. 36  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

GUSTAVE A. ISERMANN  
 (a) Residence, No. New Haven, Mo. St.  New Haven, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1868  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
70 3 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. FARMER  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation entire life span

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WASHINGTON MO.

FATHER 13. NAME AUGUST ISERMANN  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WASHINGTON MO.

MOTHER 15. MAIDEN NAME MARY STRODTMANN  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AGUSTA MO.

17. INFORMANT (ADDRESS) Otto Isermann  
New Haven, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 671 Cemetery New Haven, Mo. DATE March 31, 1939

19. FUNERAL DIRECTOR (ADDRESS) L. D. FERTIGSON  
NEW HAVEN MO

20. FILED March 31, 1939 N. A. May  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1939 to March 30, 1939

I last saw him alive on March 30, 1939. Death is said to have occurred on the date stated above, at 11:38 P.M.

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

Chronic Hypertensive Disease Date of onset past  
171

Other contributory causes of importance: Chronic Debridement Heart  
rupture pericarditis

Name of operation none Date of ✓  
 What test confirmed diagnosis Reveal 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? No  
 If so, specify \_\_\_\_\_

(Signed) R. B. Custer M. D.  
270 (Address) Wadsworth Mo.

STATEMENT BY LICENSED EMBALMER

I, Carl P. Tutty, Licensed Embalmer No. 3385  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Carl P. Tutty  
Licensed Embalmer No. \_\_\_\_\_

**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.)**