

REC'D JUN 12 1939

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

17060
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **4809** **Germania** St.
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **George Isele**

(a) Residence, No. **4809 Germania** St. **2** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rosa Isele**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 7 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 **--** **10**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Beer Bottler**
9. Industry or business in which work was done, as 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) **Tennessee**

FATHER 13. NAME **Albert Isele**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Memphis Tennessee**

MOTHER 15. MAIDEN NAME **Lena Dishbein**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT (ADDRESS) **Rosa Isele 4809 Germania**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial** DATE **May 20 39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Schumacher Und. Co. 3013 Meramec**

20. FILED **MAY 19 1939** **J. D. Budick** (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 17 1939**

22. I HEREBY CERTIFY, That I attended deceased from **June 28 1937** to **May 12 1939**

I last saw him alive on **May 17 1939**. Death is said to have occurred on the date stated above, at **7 P. a. m.**

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

Myocardial stenosis

Date of onset

June 28

1937

Other contributory causes of importance:

none

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **A. E. J. Smith** M. D.

(Address) **2540 1/2 Jefferson Ave**

Mr. A. E. I. work
25748 R. Jefferson
263 2758

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 George Dehambault, Registered Apprentice No. _____ working under my personal supervision.

Signed George Dehambault
Licensed Embalmer No. 2906
P. O. Address 3013 00 Bureau

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 this body is not embalmed, above space should be left blank.