

LEP APR 23 1940

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

12277  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 273  
 (b) Township St. Francois Primary Registration District No. 6018A Registered No. 77  
 (c) City Near Farmington (d) Street No. State Hospital No. 4 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

255 Rosina Iserman 3  
 (a) Residence, No. Ste. Genevieve, Mo. St.  (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 Female 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 7 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 2 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 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) Weingarten Missouri

FATHER 13. NAME Joseph Iserman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ohio

MOTHER 15. MAIDEN NAME Sophy Brichle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

17. INFORMANT Records of State Hospt. #4 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Weingarten, Mo. DATE April 2 1940

19. FUNERAL DIRECTOR (NAME) Basler's Und. Parlor (ADDRESS) Ste. Genevieve, Mo.

20. FILED March 31, 1940 B. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31 19 40

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 19 40 to 3-31, 19 40  
 I last saw h...e... alive on 3-30, 19 40 Death is said to have occurred on the date stated above, at 6:50am.  
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion  
Arteriosclerotic Heart Disease ?  
 Date of onset 3-31-40  
 Other contributory causes of importance: Arteriosclerosis, generalized & mixed ?  
Dementia Praecox, Hebeprimitiva type 1902

Name of operation None Date of...  
 What test confirmed diagnosis? Clinical 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) C. C. Ault J. M. D.  
 (Address) Farmington, Mo. 4/1/40

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.

**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, .....

*L. C. Basler*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed: .....

*L. C. Basler*

Licensed Embalmer No. *1985*

P. O. Address

*St. Lawrence M.*

**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.**