

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17145**
Registrar's No. **4623**

Registration District No. **791** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **75 days**
(Specify whether
In this community **30 yrs.**
years, months or days)

8. (a) PRINT FULL NAME **Emil Isermann** **265**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **494-01-0402**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Regina Isermann** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **Oct. 11 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 14 hr. min.

9. Birthplace **Augusta Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Street Car Conductor**

11. Industry or business **St. Car Co.**

MOTHER FATHER { 12. Name **Wm. Isermann**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Clara Rock**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Regina Isermann**

(b) Address **Ballpark Rd. B. Station**

17. (a) **Burial** (b) Date thereof **May 28 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Missouri**

18. (a) Signature of funeral director **Hedrick**

(b) Address **3934 N. 20th St**

19. (a) **MAY 26 1940** (b) **J. D. Hedrick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3939 S. Jefferson Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **25**
year **1940** hour **1** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Feb 1940** to **25 of May 1940**
that I last saw him alive on **May 24**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Due to _____

Due to _____

Other conditions **Ch. Intestinal neoplasia**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Atty Land** (M. D. or other) _____

Address **3901 Park** Date signed **5-26-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Signed Alfred J. Boedeker
Licensed Embalmer No. 2663
P. O. Address 4204 Prairie

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.