

Registration District No. 475

Primary Registration District No. 5580

Registrar's No. 14.24

1. PLACE OF DEATH:

(a) County JEFFERSON
 (b) City or town RURAL - MERAMEC
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 48 DAYS
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME WILLIAM ISBELL 2143. (b) If veteran, name war. 3. (c) Social Security No. NONE4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife EMMA TILLEY 6. (c) Age of husband or wife if alive 52 years7. Birth date of deceased 11 8 1861
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
78 5 29 hr. min.9. Birthplace HICKMAN KENTUCKY 1
(City, town, or county) (State or foreign country)10. Usual occupation PAINTER AND DECORATOR 9
(RETIRED)

11. Industry or business

12. Name NOT KNOWN13. Birthplace NOT KNOWN 4
(City, town, or county) (State or foreign country)14. Maiden name LOUISE ?
15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Brother Rich(b) Address St. Joseph's Hill Infirmary17. (a) Burial (b) Date thereof May 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Clair Mo.18. (a) Signature of funeral director Sperrywood Mitchell(b) Address St. Clair Mo.19. (a) 7 May 1940 (b) James A. Brown
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
 (c) City or town CREVE COEUR R.F.D.
 (If outside city or town limits, write "RURAL")
 (d) Street No. BALLAS RD.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1940 hour _____ minute 00 A. M.21. I hereby certify that I attended the deceased from Mar. 28, 1940 to May 7, 1940
that I last saw him alive on 28th March, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Interstitial Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 131Major 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?
306

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

23. Signature Jesse S. Sargent (M. D. or dentist)
Address Paruka, Mo. Date signed 5-7-40

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

Stewart Mitchell

Licensed Embalmer No.

3873

P. O. Address

St. Clair

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.