

FILED FEB 24 1942 791

1003

Registration District No. _____ 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:
3649a Montana St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

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. 3649a Montana St D
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emil Isenmann

3. (b) If veteran, name war No

3. (c) Social Security No. 188-05-1232

4. Sex Male (f) 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude Isenmann

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October 12th, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>3</u>	<u>16</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business Soft Drink Parlor

MOTHER FATHER { 12. Name Albert Isenmann

13. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

14. Maiden name Molly Brotbeck

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Isenmann

(b) Address 3649a Montana St

17. (a) Burial (b) Date thereof 1/31/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) _____ (b) J. F. Bradak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th
year 1942 hour 7.10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan-15
1940 1940 to 1/28/42 19 ;
that I last saw him alive on 1/28/42 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Secondary Acemia
Carcinoma of Sigmoid
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Duration 6 mos
2 1/2 yrs

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Carcinoma of Sigmoid
Flexure of Bowel
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) _____
(c) Means of injury _____

23. Signature Bradak (M. D. or other) _____
Address Metropolitan Bldg Date signed 1/28/42

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

PI X26390
000
1-19

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.....

Licensed Embalmer No. 1994

P. O. Address.....

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, fact should be so stated above.