

Registration District No. 287

Primary Registration District No. 101

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town University City
(If outside city or town limits, write "RURAL")
 (d) Street No. 6323 Bartmer Ave
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jennie Isom
 3. (b) If veteran, name was none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 26
 year 1942 hour 3 minute 15 A.M.
 21. I hereby certify that I attended the deceased from 1-23-42
 _____, 19____, to 1-26-42, 19____;
 that I last saw her alive on 1-26-42, 19____;
 and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Allen Isom
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased: Jan. 8 1885
(Month) (Day) (Year)

Immediate cause of death
Hypertensive Cardio-vascular disease
 Duration 1 yr.
 Due to _____
 Due to _____
 Other conditions Chronic Hypertension
(Include pregnancy within 3 months of death) Senile Dementia

8. AGE: Years Months Days If less than one day
57 0 18 _____ hr. _____ min.
 9. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation housewife

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 MOTHER FATHER { 12. Name Roy Estelle
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 16. (a) Informant Allen Isom
 (b) Address 6323 Bartmer, University City
 17. (a) Burial (b) Date thereof 1-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cem.
 18. (a) Signature of funeral director Miss Katherine Hyde
 (b) Address 4328 So. Kings Highway
 19. (a) JAN 26 1942 (b) J. J. Mc
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 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?

(Specify type of place) (e) Means of injury
 While at work? _____
 23. Signature J. J. Allen (M. D. or other) M.D.
 Address St. Louis Co. Hosp. Date signed 1-26-42

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.....

Edwin J. Mc Dermott

Licensed Embalmer No.....

3024

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.