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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 0 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31337

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1844

1. PLACE OF DEATH:

(a) County St. Louis Co.

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 8/31/42. (Specify whether
In this community since 8/31/42.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County 11

(c) City or town Dupo 0
(If outside city or town limits, write "RURAL")

(d) Street No. -
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country 9

3. (a) PRINT FULL NAME Ross ISOM

3. (b) If veteran, name war World War - 1918

3. (c) Social Security No. 525-26-3496

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife -

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

7. Birth date of deceased March (Month) 5, (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	5	26	hr. min.

9. Birthplace Ava, (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Bartender

11. Industry or business -

FATHER
12. Name James H. Isom
13. Birthplace (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Caroline Meriole
15. Birthplace (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 2, 42 (Month) (Day) (Year)

(c) Place: burial or cremation Dupo Illinois

18. (a) Signature of funeral director C. H. Fomentin [illegible]
(b) Address 7814 S. Broadway

19. (a) SEP - 2 1942 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1st, year 1942 hour 9:40 minute a. M.

21. I hereby certify that I attended the deceased from August 31, 1942 to September 1, 1942 that I last saw him alive on September 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death PERITONITIS, PURULENT, GENERALIZED, — Duration Abt. 24 hrs

Due to ULCER, GASTRIC, PERFORATED. — Abt. 42 hrs

Due to -

Other conditions - (Include pregnancy within 3 months of death) 117a2

Major findings: Of operations Operated 8/31/42 for perforated gastric ulcer, (laparotomy)

Of autopsy No autopsy.

*excision of ulcer & surg. closure of perforation.

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

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? (Specify type of place)

While at work (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer. Date signed 9/1/42.

(Licensed Embalmer's Statement on Reverse Side)

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 Homer C. Dill Registered Apprentice No. ....., working under my personal supervision.

Signed Edw. H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa

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.