

V. S. No. 2  
50M-5-42  
7-5-17-39  
I X 3

16243

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 9 1943 318

1003

4871

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3211 Hebert St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3211 Hebert St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Isabelle Radcliffe Isringhausen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Peter Isringhausen 6. (c) Age of husband or wife if alive Deed. years

7. Birth date of deceased Feby. 10th. 1861  
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Thomas K. Phipps

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

14. Maiden name Martha Ray

15. Birthplace Ohio.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Crabtree

(b) Address 3211 Hebert St.

17. (a) Burial (b) Date thereof 5-28-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) MAY 23 1943 (b) J. J. Braden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th.  
year 1943 hour 6:50 minute A. M.

21. I hereby certify that I attended the deceased from Aug 23 - 43 to 5 - 26 - 43, 19\_\_\_\_;  
that I last saw h. or alive on 3/25-43, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Chronic myocardial

Due to 1/31

Due to \_\_\_\_\_

Other conditions Chronic Intestinal  
(include pregnancy within 3 months of death) reflexus 4xxxxal PHYSICIAN

Major findings: Of operations none

Of autopsy no

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury no

23. Signature J. J. Braden (M. D. or other) \_\_\_\_\_  
Address 2739 N. Grand Date 5-26-43

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

M. H. Newman  
2739 N Grand  
2-4

**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 me

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

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

**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.**