

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40028**
Registrar's No. **10809**

FILED DEC 22 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
5511 Rosa /
(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)

3. (a) PRINT FULL NAME John Isselhardt
 3. (b) If veteran, name war.....
 3. (c) Social Security No. 497-10-3644

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Theresa Isselhardt 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased December 30, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>66</u>	<u>11</u>	<u>5</u>hr.min.

9. Birthplace Not known Illinois /
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Meat Cutter

11. Industry or business.....
 12. Name Christian Isselhardt
 13. Birthplace Not known Illinois /
(City, town, or county) (State or foreign country)
 14. Maiden name Theresa Wagner
 15. Birthplace Not known Missouri /
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa Isselhardt
 (b) Address 5511 Rosa

17. (a) Burial (b) Date thereof 12/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons
 (b) Address 7027 Gravois

19. (a) DEC 8 1943 (b) J. F. Bruleck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**
 (a) State Missouri (b) County 17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL") **92**
 (d) Street No. 5511 Rosa
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 5th
 year 1943 hour 3:30 minute..... P. M.
 21. I hereby certify that I attended the deceased from October 10th 1943 to December 5th 1943
 that I last saw him alive on December 5th 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion. - 8 hours.
Uraemic Poisoning. - 2 days.
Acute Nephritis. - 3 months.
 Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....
 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?

While at work?..... (Specify type of place)
 (e) Means of injury.....
 23. Signature Albert Weisbarth (M. D. or other) md.
 Address 3548 S. Grand Blvd. Date signed 12/9/43

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..... *S. P. Bidwell*
Licensed Embalmer No. *3877*
P. O. Address..... *7027 Kansas*

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.