

FILED DEC 28 1945

Registration District No. **377**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 days**
(Specify whether
In this community **57 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0-2-1**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4128 Michigan** **9**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **ISARD, Wallace M.**

3. (b) If veteran, name war **World I.** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Frances Isard** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **September 1 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 3 14 hr. min.

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

10. Usual occupation **Machinist**

11. Industry or business **--**

FATHER { 12. Name **Randolph Isard**
13. Birthplace **Unknown Maine**
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name **Clare Miller**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clinical Clerk, Vet. Adm. Hosp.**
(b) Address **Jefferson Barracks, Missouri**

17. (a) **Burial** (b) Date thereof **Dec 19 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cem Jeff Barracks**

18. (a) Signature of funeral director **Schumacher Und Co**

(b) Address **3013 Meramec St**

19. (a) **62-18-45** (b) **W. J. Garrison Jr**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **15**
year **1945** hour **6:55** minute **A.M.**

21. I hereby certify that I attended the deceased from
November 19, 1945 to **December 15, 1945**;
that I last saw him alive on **December 15, 1945**;
and that death occurred on the date and hour stated above.

Immediate cause of death **HYPERTENSIVE AND CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY.**

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

Due to **--**
Other conditions **--**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **No operation**
Of autopsy **No autopsy**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **No.**
(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 **--** (Specify type of place)
(e) Means of injury

23. Signature **E. V. EDWARDS, Lt. Col., (M. D. or other) M.C., Clinical Director.**
Address **Vet. Adm. Hosp., Jeff. Brks. Mo** Date signed **12/15/45**

FEB 23 1946

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis, Mo.

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.