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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 9 1946

State File No. 7112

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 527

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 2/27/46 (Specify whether
In this community 29 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 999.

(c) City or town Houston 41
(If outside city or town limits, write "RURAL")

(d) Street No. 705 Enid Ave. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME ISOM, Walter Alvin

3. (b) If veteran, name war World II

3. (c) Social Security No. 467059982

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Isom

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased October (Month) 1 (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
41	4	27	hr. min.

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

10. Usual occupation Accountant

11. Industry or business

FATHER 12. Name Walter Isom

13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

MOTHER 14. Maiden name Josephine Kaiser

15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Clin.Clk. Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 3-1-46 (Month) (Day) (Year)

(c) Place: burial or cremation HOUSTON, TEXAS

18. (a) Signature of funeral director C Hoffmanter

(b) Address 7814 S. Broadway

19. (a) 3-2-46 (Date received local registrar) (b) E.S. McGowan D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1946 hour 9:00 minute P M.

21. I hereby certify that I attended the deceased from Feb. 27, 1946, to Feb. 27, 1946; that I last saw him alive on Feb. 27, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS	Duration
	24 hrs
Due to gad	
Due to	
Other conditions Arteriosclerosis, coronary (Include pregnancy within 3 months of death)	2 yrs

Major findings: Of operations No Operation

Of autopsy No 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) 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? (Specify type of place)

While at work (e) Means of injury

23. Signature L. E. Stilwell L. E. STILWELL, M. D. (M. D. or other)

Address Jefferson Barracks, Mo. Date signed 2/28/46

(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 .....

..... ; Registered Apprentice No. ..... ,

working under my personal supervision.

Signed. Harry A. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.