No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22356
5916

Primary Registration District No. 1003

Registrar's No.

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
3764 Penrose 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3764 Penrose St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

00-0
17
9
0

3. (a) PRINT FULL NAME Lulu Isenmann
3. (b) If veteran, name war ******
3. (c) Social Security No. ********
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 11 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	4	5	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name Amandas Barth
13. Birthplace France (City, town, or county) (State or foreign country) 5
14. Maiden name Kate Setzer
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Lillian Jackson
(b) Address 4365 Bates St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-1947 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Zieglenhein Bros
(b) Address 6409 Gravois Ave
19. (a) JUN 18 1947 (Date received local registrar) (b) O. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 16th day June
year 1947 hour 4:45 minute P. M.
21. I hereby certify that I attended the deceased from March 9, 1947, to June 16, 1947 that I last saw her alive on March 9, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis + myocardial degeneration	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? Means of injury 0
23. Signature Charles G. Obermeyer (M. D. or other) M.D.
Address 3103 Arsenal St. Date signed 6/17/47
CHARLES G. OBERMEYER

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse)

Dr. Ohlmeyer
3103 Arsenal St.
La. 4612

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.