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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED APR 3 1948

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10310  
Registrar's No. 2597

Registration District No. 318 Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town ST LOUIS  
(c) Name of hospital or institution: MISSOURI PACIFIC HOSPO  
(d) Length of stay: In hospital or institution FIVE DAYS  
In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County ST LOUIS  
(c) City or town ST LOUIS  
(d) Street No. 4647 DELMAR BLVD  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME BIRL EARL ISOM  
(b) If veteran, name war none  
(c) Social Security No. 703-03-1960

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Leighthan  
(c) Age of husband or wife if alive 59 years  
7. Birth date of deceased August 18, 1886

8. AGE: Years 61 Months 6 Days 25  
If less than one day hr. min.

9. Birthplace Jonesboro, Arkansas

10. Usual occupation Railroad brakeman (retired)

11. Industry or business Missouri Pacific Railroad

12. Name Robert Isom  
13. Birthplace unknown, Alabama  
14. Maiden name Martha Culp  
15. Birthplace Green County, Arkansas

16. (a) Informant Wm. L. Isom

(b) Address 4647 Delmar, St. Louis, Mo.

17. (a) Removal Dupo, Illinois  
(b) Date thereof March 14, 48

(c) Place: burial or cremation Dupo, Illinois

18. (a) Signature of funeral director David A. Washburn  
(b) Address Dupo, Illinois

19. (a) March 14, 48 (b) J. N. Brewer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 13  
year 1948 hour 10 minute 43 P.M.  
21. I hereby certify that I attended the deceased from March 8  
1948 to March 13, 1948  
that I last saw him alive on March 13, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart FAILURE  
Duration 3 weeks

Due to ARTERIOSCLEROTIC HEART DISEASE

Due to 93

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 R. B. Harrison (M. D., certifier)  
Address 1755 So. Grand Date signed 3-14

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

MAR 16 1948

(Licensed Embalmer's Statement on Reverse Side)

2592

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**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.....

Body not embalmed

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

Signed.....

*Harold A. Carlson*

Licensed Embalmer No.....

P. O. Address.....

*Depe, Illinois*

**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.**