S. No. 300
M—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

42082

State File No. 2884

Registration District No. 317

Primary Registration District No. 6076

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(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 33 Days 0 (Specify whether
In this community 33 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Saint Clair 499

(c) City or town Belleville 11
(If outside city or town limits, write "RURAL")

(d) Street No. Route No. 2 0
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME ISENHART, Talbert

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

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lillian

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April (Month) 1 (Day) 1894 (Year)

8. AGE: Years 54 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Ina (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Adam Isenhart
13. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Margaret Cocrum
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Walhalla - Belleville, Ill

18. (a) Signature of funeral director Renner Geminn Fu. Home
(b) Address 120 N. Illinois St. Belleville, Ill.

19. (a) 12-15-48 (Date received local registrar) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1948 hour 6:55 minute A. M.

21. I hereby certify that I attended the deceased from November 12, 1948 to December 15, 1948
that I last saw him alive on December 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY EMBOLUS — Duration Unk.

Contributory cause: FRACTURE OF NECK, RIGHT FEMUR

Due to

Other conditions 186 ab
(Include pregnancy within 3 months of death) 18

Major findings:
Of operations

Of autopsy Autopsy performed (See cause of death)

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 accident 136

(b) Date of occurrence 11/12/48

(c) Where did injury occur? Belleville Ill (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? L. E. Stilwell (Name of injury) slipped on wet board fall

23. Signature L. E. Stilwell (M.D.)
Chief, Professional Services
Address VA Hosp. Jeff. Bks. Mo. Date signed 12/15/48

(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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Geo Renner

Licensed Embalmer No. 2314

P. O. Address Belleville, Ill

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.