

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24780

FILED JUL 23 1951

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1003

State File No.

6363

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY 3				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deceased died at				d. STREET ADDRESS (If rural, give location) 4759 Northland			
3. NAME OF DECEASED (Type or Print) Henry		a. (First) Henry		c. (Last) H. Ilseman Sr.		4. DATE OF DEATH (Month) (Day) (Year) July 14 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 23, 1879	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 11 Days 21		IF UNDER 2 HRS. Hours 21 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reeler		10b. KIND OF BUSINESS OR INDUSTRY Rope Co.		11. BIRTHPLACE (State or foreign country) East St. Louis, Illinois		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Henry Ilseman		13b. MOTHER'S MAIDEN NAME Wilhelmina Kriger		14. NAME OF HUSBAND OR WIFE Mary Wille Ilseman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-09-6268		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Ilseman 4759 Northland			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Cerebral thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201			
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1047 A m., from the causes and on the date stated above.							
23. SIGNATURE Patrick B. Taylor (Degree or title) Coroner				23b. ADDRESS Bas Clark		23c. DATE SIGNED 7-17-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-17-51		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.	
DATE REC'D BY LOCAL REG. JUL 17 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Callinane Bros. 3320 N. Kingshighway			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Fred Trick* _____

Licensed Embalmer No. **3186** _____

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.