

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43523**
Registrar's No. **11435**

FILED JAN 10 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 3417 Hickory	
3. NAME OF DECEASED (Type or Print) a. (First) Hurley b. (Middle) James c. (Last) Isom			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9 1952
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 5, 1893 9. AGE (In years last birthday) 59 10. MONTH 1 11. DAY 4 12. HOURS 1 13. MIN. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Medical Depot	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Harry Isom	
13b. MOTHER'S MAIDEN NAME Noah ?		14. NAME OF HUSBAND OR WIFE Ethel Isom	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WWI		16. SOCIAL SECURITY NO. 488-03-2320	17. INFORMANT'S SIGNATURE OR NAME Ethel Isom
17. ADDRESS 3417 Hickory		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Thrombosis	
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Thrombosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) Malignant Lymphoma with Metastasis to duodenum	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 2002		22. I hereby certify that I attended the deceased from 12-1 , 19 52 , to 12-9 , 19 52 , that I last saw the deceased alive on 12-9 , 19 52 , and that death occurred at 9:20p m., from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) Edward B. Williams, D.		23b. ADDRESS 2601-N. Whittier St	23c. DATE SIGNED 12-10-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 16, 1952	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri
DATE REC'D BY LOCAL REG. DEC 12 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. C. B. Roan	
25. ADDRESS 1221 N. Grand Blvd.		(Licensed Embalmer's Statement on Reverse Side)	

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 Guylton Swan

Licensed Embalmer No. 4580

P. O. Address 1227 Grand Blvd

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.