

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1954

State File No. 31908  
Registrar's No. 8222

BIRTH NO. \_\_\_\_\_ 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 915 N. Grand Blvd. St. Louis, Mo.		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 10 DAYS		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 3908 KENNERLY	

3. NAME OF DECEASED (Type or Print) JOSEPH	a. (First)	b. (Middle) F.	c. (Last) ISAM	4. DATE OF DEATH (Month) (Day) (Year) 9-4-54
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-20-80	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBERS HELPER	10b. KIND OF BUSINESS OR INDUSTRY PLUMBING	11. BIRTHPLACE (City and State or Foreign Country) LOUISIANA, (New Orleans)	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE TENA ISAM
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES	(If yes, give war or dates of service) SPAW	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLUS		INTERVAL BETWEEN ONSET AND DEATH 40 MINS.  ? MONTHS
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) THROMBOPHLEBITIS rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS PERFORATED DUODENAL ULCER. ACUTE Conditions contributing to the death but not related to the disease or condition causing death. CHOLECYSTITIS. CARCINOMA OF LEFT COLON. 2-3 HRS.		

19a. DATE OF OPERATION 9-3-54	19b. MAJOR FINDINGS OF OPERATION PERFORATED DUODENAL ULCER. ACUTE CHOLECYSTITIS. CARCINOMA OF LEFT COLON	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 153X
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22. I hereby certify that I attended the deceased from 8-25, 1954, to 9-4, 1954, and that death occurred at 2:25p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) TOM I. JOHNSON M.D.	23b. ADDRESS VAH, ST. LOUIS, MO.	23c. DATE SIGNED 9-4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-8-54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. SEP 7 1954	REGISTRAR'S SIGNATURE J. Call Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's	ADDRESS 2849 N. Euclid Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Albert Mayfield*.....  
Licensed Embalmer No. *387*.....  
P. O. Address *M. Row*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.