

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28603
State File No.
6851
Registrar's No.

FILED AUG 24 1956

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
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. LENGTH OF STAY (in this place) 5 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 6621 Idaho				e. STREET ADDRESS (If rural, give location) 6621 Idaho				
3. NAME OF DECEASED (Type or Print) Arthur G. Isselhardt			4. DATE OF DEATH (Month) (Day) (Year) July 20, 1956					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 15, 1890		
				9. AGE (In years last birthday) 66		IF UNDER 1 YEAR: Months _____ Days _____		
				IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machine operator			10b. KIND OF BUSINESS OR INDUSTRY Emmerson Elec.			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Christ Isselhardt		13b. MOTHER'S MAIDEN NAME Theresa Wagner		14. NAME OF HUSBAND OR WIFE Beulah Isselhardt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes #1		16. SOCIAL SECURITY NO. 499011989		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beulah Isselhardt, 6621 Idaho Ave.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION CEREBROVASCULAR DISEASE ANGINA PECTORIS Angina Pectoris ANTECEDENT CAUSES Arteriosclerosis, atherosclerosis DUE TO (b) ARTERIOSCLEROSIS, ATHERO-SCLEROSIS DUE TO (c) 4 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4-20-2					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 7-20-56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 56 7-24-56				
22. I hereby certify that I attended the deceased from MAY, 1956 , to JULY 24 1956 , that I last saw the deceased alive on JULY 20, 1956 , and that death occurred at 11:50 P.M. , from the causes and on the date stated above. 7-23-56								
23a. SIGNATURE R.W. Jackson (Degree or title) D.O.				23b. ADDRESS 3546 A GRAVOIS ST. LOUIS		23c. DATE SIGNED 7-23-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE July 23, 1956		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.		
DATE REC'D BY LOCAL REG. JUL 23 1956		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wendler Und. Co., 7420 Michigan Ave.				

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.....
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3767*
P. O. Address *7420 Michigan*

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.