

FILED MAY 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15541**
Registrar's No. **1062**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.**
b. COUNTY **St. Louis**

b. CITY OR TOWN **Clayton**
c. LENGTH OF STAY (in this place) **2 wks**

c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **County Hosp.**
STREET ADDRESS (If rural, give location) **2610 5165 Easton Ave**

3. NAME OF DECEASED
a. (First) **James** b. (Middle) **A.** c. (Last) **Isselhardt**
4. DATE OF DEATH (Month) (Day) (Year) **April 21 1957**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Sept 21, 1934** 9. AGE (In years last birthday) **22**
UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman** 10b. KIND OF BUSINESS OR INDUSTRY **Clayton Cycle Co.** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Lorraine A. Isselhardt** 13b. MOTHER'S M maiden NAME **Margaret Ashton** 14. NAME OF HUSBAND OR WIFE **Danna M. Isselhardt**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **yes** (If yes, give war or dates of service) **Korean War 563-48-5614** 16. SOCIAL SECURITY NO. **563-48-5614** 17. INFORMANT'S SIGNATURE OR NAME **Mr. L. A. Isselhardt** ADDRESS **5165 Easton**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Ruptured Urinary Bladder**
INTERVAL BETWEEN ONSET AND DEATH **14 days**
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Fracture of pubis - bilateral** **14 days**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Fracture Femur - tibia (left) Mandible** **14 day**

19a. DATE OF OPERATION **4/20/57** 19b. MAJOR FINDINGS OF OPERATION **Ruptured Urinary Bladder - intraperitoneally** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Street** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Co. Mo. MO**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **April 7 '57** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Auto he was driving struck a concrete pylon - knocking**

22. I hereby certify that I attended the deceased from **4 - 7**, 19**57**, to **4 - 21**, 19**57**, that I last saw the deceased alive on **4 - 21**, 19**57**, and that death occurred at **6:50** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Richard H. King M.D.** 23b. ADDRESS **601 So. Brentwood** 23c. DATE SIGNED **4-21-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **April 23, 1957** 24c. NAME OF CEMETERY OR CREMATORY **Valkalla Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **4-23-57** REGISTRAR'S SIGNATURE **Kermit B. Donk MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Shepard Funeral Home** ADDRESS **1167 Hamilton**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Item 14 corr by add of wife 5-23-57

and to placement

FEB 9 1957

JAN 27 1959

FEB 20 1959

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 *Stanley F. Dixon*

Licensed Embalmer No.

P. O. Address *H. L.*

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.