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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27557

Registration District No. 791 Primary Registration District No. Registrar's No. 7057

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis Mo. 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4720 Vernon Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward James Cissell 240

3. (b) If veteran, name war Unknown

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma Cissell

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March 3rd, 1889
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Perry Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed 0

11. Industry or business 0

FATHER
12. Name Ezekiel Cissell
13. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Rankin
15. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alma Cissell
(b) Address 4720 Vernon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16-39
(Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Ce,

18. (a) Signature of funeral director Henry Laudrie
(b) Address 1417 N. Market St.

19. (a) AUG 14 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12
year 1939 hour 10:00 PM minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Parenchymatous Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 8-14-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John P. Burkholz

Licensed Embalmer No. 7674

P. O. Address 2323 St Louis

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, above space should be left blank.