

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 891
Registrar's No. 891

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. LOUIS MO. FILED FEB 17 1940
(b) City or town Isolation Hospital.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/20/40 to 1/26
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis MO.
(If outside city or town limits, write "RURAL")
(d) Street No. VALLEY PARK MO.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Lloyd Lee Sisco. 2670
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 5th 1938
(Month) (Day) (Year)

8. AGE: Years 0 / Months 10 4 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Cedar Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____
12. Name John Sisco
13. Birthplace Alton? Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ethel Canady
15. Birthplace Wayne Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Avane
(b) Address 5600 Arsenal ST?
17. (a) Removal (b) Date thereof 1/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Mo.

18. (a) Signature of funeral director Albert W. Hoppe
(b) Address 4700 Washington Ave.
19. (a) JAN 30 1940 (b) [Signature]
(Date received local health officer's certificate) (Signature of health officer)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1/26 day _____ year 1940 hour 11 minute 20 p M.
21. I hereby certify that I attended the deceased from 1/20 to 1/26, 1940, and that death occurred on the date and hour stated above.

that I last saw him alive on 1/26, 1940.
Immediate cause of death 0
Influenza of Meningitis
Due to Influenza of Bronchitis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy [Signature]

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 [Signature]
(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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Geo. S. Bradley (M. D. or other) _____
Address ISOLATION HOSPITAL Date signed _____

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.