

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38586

State File No. _____

Registrar's No. **10573**

FILED DEC 29 1942
Registration District No. **818**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Days**
(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,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3830 A Shaw Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December**, day **18**
year **1942** hour **2** minute **05 A** M.

21. I hereby certify that I attended the deceased from **9-11-41** to **12-18-42**, 19**42**

that I last saw him alive on **12-17-42**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to **General arterio-sclerosis with myocardial infarction**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **None**

Of autopsy **None**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Hari Sankar** (M. D. or other) _____
Address **634 N 19th St** Date signed **12-18-42**

3. (a) PRINT FULL NAME **Vincent Cissell**

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, **widower**

6. (b) Name of husband or wife **Mary Ann Cissell** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 3rd, 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 15 hr. min.

9. Birthplace **Perry County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Iron Worker**

11. Industry or business **Duncan Foundry Illinois**

12. Name **Louis Cissell**

13. Birthplace **Perry County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph C. Cissell**

(b) Address **3830 A. Shaw Ave.**

17. (a) **Burial** (b) Date thereof **Dec. 21, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (e) Signature of funeral director **Wm. J. Robert**

(b) Address **1905 South Grand Blvd**

19. (a) **DEC 18 1942** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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 William J. Hiron

Licensed Embalmer No. 4319

P. O. Address St. Louis, Mo

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.