

FILED NOV 29 1943 318

State File No. _____
Registrar's No. 10063

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2816 - LaSalle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Franklin
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2616 - LaSalle - St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lizzie SISK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race col (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louis Sisk 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Oct 11 1864
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson Mo (City, town or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name William Smith

13. Birthplace Jefferson Mo (City, town or county) (State or foreign country)

14. Maiden name Harriet Brown

15. Birthplace Jefferson Mo (City, town or county) (State or foreign country)

16. (a) Informant Lillie Byrd

(b) Address 2816 LaSalle

17. (a) Burial (b) Date thereof 11-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. Walden

(b) Address 2769 Chestnut

19. (a) NOV 17 1943 (b) J. F. Bredsek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13 year 1943 hour 10:57 minute PM

21. I hereby certify that I attended the deceased from about 12 1943 to now 13 1943 that I last saw him alive on now 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterine & Rectum - metastatic about 6 months
Due to unknown cause

Due to Primary in Rectum

Other conditions (include pregnancy within 3 months of death) H6

Major findings: Of operations no ops.

Of autopsy no ops.

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 W. J. Luckitt (M. D. or other)

Address 357 E. Franklin Date signed 11-15-43

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

MOTHER FATHER

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. J. Hutton*.....
Licensed Embalmer No. *2498*.....
P. O. Address. *2769 Chouteau*.....

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, fact should be so stated above.