

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26131**

FILED AUG 25 1944

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **7489**

1. PLACE OF DEATH:

(a) County **St. Louis, mo**
(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:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **19 days**
(Specify whether
In this community
years, months or **days**)

3. (a) PRINT FULL NAME **Capt Wm Cissell**

3. (b) If veteran, name war **No** 3. (c) Social Security No **332-20-4613**

4. Sex **Male** 5. Color or race **white** 6. (g) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **July 23** **1912**
(Month) (Day) (Year)

8. AGE: Years **32** Months **0** Days **24** hr. min. If less than one day

9. Birthplace **Fancy Farms Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **General**

12. Name **James T. Cissell**

13. Birthplace **Fancy Farms Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Hersietta Watson**

15. Birthplace **Fancy Farms Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Cissell**

(b) Address **6 St. Louis, Ill**

17. (a) **6 St. Louis Ill** (b) Date thereof **8-17-44**
(City or town) (State) (Month) (Day) (Year)

(c) Place: burial or cremation **Fancy Farms Cem**

18. (a) Signature of funeral director **J. J. Bessy**

(b) Address **401 N. 9th St. St. Louis, Ill**

19. (a) **AUG 17 1944** (b) **J. J. Bessy**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **St. Clair**
(c) City or town **East St. Louis**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **U.S.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **17**
year **1944** hour **12** minute **10** a.m.

21. I hereby certify that I attended the deceased from **July 29**, 1944, to **Aug 17**, 1944
that I last saw him alive on **Aug 17**, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pericarditis**

Due to **Pericarditis (Puff's Disease)**

Due to **93**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **Calcified pericardium
Tubercular adhesions**
Of autopsy **Alone - Cardiac
Cirrhosis**

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 **M. C. Adney** (M. D. or other)
Address **BARNES HOSPITAL** Date signed **8/17/44**

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

U.S. State of Missouri
POWER FAVOR

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.....

Not Embalmed

.....; Registered Apprentice No.

working under my personal supervision.

Signed.....

Joseph J. Karsky

.....
Licensed Embalmer No. *754-125*

P. O. Address.....

E. St. Louis, Ill

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.

10e

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. 22-13484
Local Registrar's No. 7189

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of Sept, 1944, before me appears

Mrs. Leo Warner, who, upon her oath, states that the original record of birth death

for Carey William Cissell ^{died} August 17, 1944, in the State of Missouri, and which was filed at St. Louis Co. ^{born} on Aug 17, 1944, should be corrected as follows:

Item No. 3 should read Carey William Cissell

Instead of Carl William Cissell

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Leo Warner Sister
Relationship.

1505 Frederick, East St. Louis, Ill
Present Address.

Subscribed and sworn to before me this 8th day of September, 1944.

My Commission expires 9-8-44 Geo. C. Fiddler Notary Public.

My Commission Expires March 4, 1945

Affidavits containing erasures will not be accepted; draw one-line through error and write above it.

