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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

2360

State File No. .....

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 96

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: De Paul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

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. 4200 Choteau Ave. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME David Leroy Cissell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) 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 December (Month) 4 (Day) 1947 (Year)

8. AGE: Years	Months	Days	If less than one day
0	1	0	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Bertrand W. Cissell
13. Birthplace Perryville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Louise Hager
15. Birthplace Perryville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Bertrand W. Cissell
(b) Address 4200 Choteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 5 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1948 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 4 1947, to Jan 4 1948, that I last saw him alive on Jan 4 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
diarrhea	2 wks
atelectasis	24 hr.
Due to prematurity	1 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause of 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 Jackson Co (M. D. or other) MD
Address 734 Mo Theatre Bldg Date signed 1/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 S. Lemmehy

Licensed Embalmer No. 4194

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, fact should be so stated above.