

No. 3906
M-10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24725
Registrar's No. 6234

Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town St. Louis Mo
(c) Name of hospital or institution Barnes Hospital
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
In this community _____
years, months or days

3. (a) PRINT FULL NAME THOMAS SISK
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Sisk
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July 23 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 19
If less than one day hr. _____ min. _____

9. Birthplace Des Arc Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER {
12. Name Wesley Sisk
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Sisk
(b) Address Ironton, Mo.

17. (a) Burial (b) Date thereof 7-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton, Missouri.

18. (a) Signature of funeral director C.A. Howell

(b) Address Ironton, Mo.

19. (a) JUL 13 1948 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1002
(a) State Missouri (b) County Iron 47
(c) City or town Ironton 0
(If outside city or town limits, write "RURAL")
(d) Street No. W.R. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1948 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 24 1948 to July 12 1948
that I last saw him alive on July 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Acute Inflammation of Uremia 3 days
Urinary tract infection 3 days
Due to Benign Prostatic Hypertrophy 5 years
Other conditions 157A
(Include pregnancy within 3 months of death)

Major findings: As above
Of operations _____
Of autopsy Acute suppurative kidney
Stump mid thigh - left
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 J.R. Madley (M. D. or other) _____
Address Barnes Hospital Date signed _____

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. *4329*

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, fact should be so stated above.