

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37777**

FILED JAN 28 1953

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **0411**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION D. O. A. Homer G. Phillips Hospital		6. STREET ADDRESS (If rural, give location) 5211a Page Blvd.	
3. NAME OF DECEASED (Type or Print) HERMAN		4. DATE OF DEATH (Month) (Day) (Year) Jan. 12 1953	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 9, 1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Cleaning Business	
11. BIRTHPLACE (City and State or Foreign Country) Drew, Miss.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Hollie Sisson		13b. MOTHER'S MAIDEN NAME Nellie Davis	
14. NAME OF HUSBAND OR WIFE Rose Marie Sisson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. #2	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Rose Marie Sisson	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metal Regurgitation INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Hypertrophy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		4343	
22. I hereby certify that I attended the deceased from 190 , to 19 , that I last saw the deceased alive on 19 , and that death occurred at 8:17 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1/13/53		24. BURIAL/CREMATION REMOVAL (Specify) Removal	
24b. DATE 1-14-1953		24c. NAME OF CEMETERY OR CREMATORY National	
24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son	
25. ADDRESS 3133 Bell Ave.		DATE REC'D BY LOCAL REG. JAN 14 1953	

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

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

J. J. Watson

Licensed Embalmer No. *2698*

P. O. Address *2767 Chautau*

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.