

FILED JUL 7 - 1955

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 1459

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN FORT WORTH	
c. LENGTH OF STAY (in this place) 190 DAYS		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 3724 AVE. J. 84208	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH
a. (First) CARL			(Month) (Day) (Year) 6-25-55
b. (Middle) V.			
c. (Last) SITTON			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED	8. DATE OF BIRTH 1-6-96
9. AGE (in years last birthday) 59 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTAL CLERK	11. BIRTHPLACE (City and State or Foreign Country) BARRY, TEXAS
10b. KIND OF BUSINESS OR INDUSTRY U.S. MAIL		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME HUGH W. SITTON		13b. MOTHER'S MAIDEN NAME KATE NORED	14. NAME OF HUSBAND OR WIFE GUSSTIE SITTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS23, MO.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS, ACTIVE, BILATERAL, FAR ADVANCED.		INTERVAL BETWEEN ONSET AND DEATH 2 YEARS	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Mortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS EMPHYSEMA, INTERSTITIAL, DUE TO INFECTION 1 YEAR		INVOLUTIONAL PSYCHOTIC REACTION 5 YEARS	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 002x		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, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from 12-17, 1954, to 6-25, 1955, and that death occurred at 12:20 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Thomas J. O'Neill, M. D.		23b. ADDRESS VAH, ST. LOUIS, MISSOURI	23c. DATE SIGNED 6-26-55
24a. BURIAL, CREMATION, REMOVAL (Specify) removal train	24b. DATE 6-27-55	24c. NAME OF CEMETERY OR CREMATORY Unk.	24d. LOCATION (City, town, or county) (State) Coocey Carsisana, Tex.
DATE RECD BY LOCAL REG. 6/27/55	REGISTRAR'S SIGNATURE Herbert P. Drake	25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.	

JAN 3 1974

2 10 1974

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.....
Signature of Student Embalmer

Signed *Valley J. Stella Jr*
Licensed Embalmer No. 495

P. O. Address *J. Stella*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.