

Health,  
& Welfare  
Public  
Service

FILED MAR 27 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011398

STATE FILE NUMBER

2 2371

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Illinois* b. COUNTY *St. Clair*

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN *St. Louis*

Inside Limits  
Yes  No

c. CITY OR TOWN *East St. Louis*

Inside Limits  
Yes  No

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION *Peoples*

Length of stay in lb

d. STREET ADDRESS (If outside, give location)  
*Market St.*

Reside on Farm  
Yes  No

3. NAME OF DECEASED

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

(Type or print)

*Will*

*Sisson*

*March 5, 1959*

5. SEX

6. COLOR OR RACE

7. MARRIED  NEVER MARRIED

8. DATE OF BIRTH

9. AGE (In years)

IF UNDER 1 YEAR IF UNDER 24 HRS.

*Male*

*Negro*

*WIDOWED 2 DIVORCED*

*7/4/1877*

*82*

*Months Days Hours Min.*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY?

*laborer*

*Retired*

*Unknown*

*U.S.A.*

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

*Unknown*

*Unknown*

*Unknown*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

*no*

*Unknown*

*Stee Moore*

*1905 Central East St. Louis, Ill.*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*2nd and 3rd degree burns of face and head.*

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

*916.016*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (See instructions on injury in PART I (a) of item 18.)

*slipped in kitchen, fell*

20c. TIME OF INJURY

Hour Month, Day, Year

*February 3, 1959*

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, school, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

*7E Home*

*East St. Louis Ill*

21. I attended the deceased from

and last saw her alive on

Death occurred at

*710 P.*

m on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

*Dorothy E. Day*

*120. Cl.*

*3/8/59*

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

*Burial*

*3/9/59*

*Booker Washington Centerville Township, Illinois*

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

*Marion's Office E. St. Louis, Ill.*

*MAR 7 1959*

*Loan Smith, M.D.*

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

**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 *Frank Prokop* .....

Licensed Embalmer No. *4356* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.