WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 20 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41261

1. PLACE OF DEATH
County ST. LOUIS — Registration District No. 788 — File No. 113
Township GARONDELET — Primary Registration District No. 4471 — Registered No.
City WEBSTER GROVES (No. 475 West Jackson Road St. Ward)

2. FULL NAME ADA EMMA SISSON (nee WENNEKER)
(a) Residence, No. 475 WEST JACKSON ROAD, Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(OR)~~ WIFE OF RALEIGH SISSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 19, 1885

7. AGE: YEARS 48 — MONTHS 4 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO U.S.A.

FATHER
13. NAME CHAS. F. WENNEKER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

MOTHER
15. MAIDEN NAME JOHANNA HEIDBREDER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) RALEIGH SISSON 475 West Jackson Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemy. DATE Jan. 1st 1934

19. UNDERTAKER (ADDRESS) Wagoner Gund Company 3621 Olive Street

20. FILED 12-30 1933 Jules R. York M. A. Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23rd, 1933, to Dec 30th, 1933
I last saw her alive on Dec 30th, 1933. Death is said to have occurred on the date stated above, at 5:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma	
Lung (Left	1 year
50	
47B	
Other contributory causes of importance:	
Carcinoma left mammary	2 year
gland	

Name of operation Removal breast. Date of 11/23/32
What test confirmed diagnosis? microscope Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Arthur Lindlow, M. D.
(Address) 2202 University St