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.

APR 2 0 1934

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

Do not use this space.

791
1003

14357
3174

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis Mo (No. 5800 Arsenal St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME George Seymour Cissna

(a) Residence, No. 5800 Arsenal St., 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: "

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/12/1866

7. AGE: YEARS 68 | MONTHS 3 | DAYS 25 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Travelling Salesman

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): unk

FATHER

13. NAME: John Seymour

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): E. Molony, 5800 Arsenal Str.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Friedens DATE 4/8, 1935

19. UNDERTAKER (ADDRESS): Robert J. Ambrister, 6633 Clayton Rd

20. FILED APR 8 1935, 19 J. F. Biedeck, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/6/35

22. I HEREBY CERTIFY, That I attended deceased from 3-29-, 1934 to 4-6, 1935

I last saw him alive on 4/6/35, Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis | 4/6/35 |
| 93C | |
| Other contributory causes of importance: | |
| Chronic myocarditis | 1934 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? No

If so, specify .....

(Signed) Marvin F. Haw, M.D.

(Address) 5600 Arsenal