

MAY 21 1936

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

Do not use this space.

15733

1. PLACE OF DEATH

County Jefferson
Township Rock
City St. Louis (No.)

Registration District No. 423
Primary Registration District No. 5578

File No.
Registered No. 11
St. Ward

2. FULL NAME

Mary Sisson
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19th 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 5 15

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. Housewife
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.

13. NAME Thos. H. Ruesch

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

15. MAIDEN NAME Margaret Roesch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

17. INFORMANT Thos. Frederik mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Maxville Catholic Cemetery
PLACE DATE April 7th 1936

19. UNDERTAKER Engel H. Steiliga
(ADDRESS)

20. FILED April 5, 1936 Phil. J. Kirk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from 1934 until April 4th 1936
I last saw him alive on 4-4, 1936. Death is said to have occurred on the date stated above, at 3:15 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
(Rupture of right middle meningeal artery)
Other contributory causes of importance: Senility
Date of onset

Name of operation Date of
What test confirmed diagnosis Clinical 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) P. Reich, M. D.
(Address)

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.

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