SEP 10 1937

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

29297
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1008 Registered No. 7930

(c) City St. Louis (d) Street No. 2601, N Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sanford Sissom

(a) Residence, No. 1805 N Garrison St. // (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: C

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 29, 1897

7. AGE: Years 39 Months 8 Days 21 If LESS than 1 day, ... hrs. or ..... min.

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OCCUPATION

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

9. Industry or business in which work was done, as 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): Mississippi

FATHER

13. NAME: Will Sissom

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

MOTHER

15. MAIDEN NAME: Frances Triggs

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

17. INFORMANT (ADDRESS): Evelyn Hilliard, 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL: PLACE O. F. Lowe Ill DATE Aug 26 1937

19. FUNERAL DIRECTOR (ADDRESS): Wm E Coffey, O. F. Lowe, Illinois

20. FILED AUG 24 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1937 to Aug. 20, 1937

I last saw him alive on Aug. 20, 1937 Death is said to have occurred on the date stated above, at 12:30 m. p.m.

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

	Date of onset
Sarcoma - abdominal wall	8/10/37

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Other contributory causes of importance:

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

What test confirmed diagnosis? clinical Was there an autopsy? yes

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) J. Malburn M.D., M. D.

(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. Avoid using words such as "Unknown" or "None" unless the fact is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Aug 24-1937

STATEMENT BY LICENSED EMBALMER

I, William E Offner, Licensed Embalmer No. 3518

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed William E Offner

Licensed Embalmer No. 3518

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)