

FILED MAY 13 1941

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis, Mo  
(b) City or town BARNES HOSPITAL  
(c) Name of hospital or institution BARNES HOSPITAL  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair  
(c) City or town Belleville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 400 N Illinois  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME Walter Lawrence Sisson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 328-03-4776

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Sisson 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 12-11-1905  
(Month) (Day) (Year)

8. AGE: Years 35 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Belleville Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business Shoe Mfg. Co.

12. Name Fred Sisson

13. Birthplace Centralia Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Laurion

15. Birthplace Belleville Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Sisson

(b) Address Belleville, Ill.

17. (a) Removal (b) Date thereof 4-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville

18. (a) Signature of funeral director J. T. Brudick

(b) Address Belleville, Ill.

19. (a) APR 29 1941 (b) J. T. Brudick  
(Date filed and registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1941 hour 2:50 minute A. M.

21. I hereby certify that I attended the deceased from April 19 1941 to April 26 1941; that I last saw him alive on April 26 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart

Due to 11/2  
Due to 92

Other conditions (Include pregnancy within 3 months of death) 10

Major findings: Of operations \_\_\_\_\_

Of autopsy Rheumatic Heart

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D

23. Signature J. T. Brudick (M. D. optional)  
Address BARNES HOSPITAL Date signed 9-26-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

3666  
9998

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 me

....., Registered Apprentice No. ....

.....  
working under my personal supervision.

Signed

Ben H. Baldwin

Licensed Embalmer No.

2420

P. O. Address

E. St. Louis Ill

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