

FILED DEC 9 1948 18

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. 10303

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital # 10  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 4122 Delmar Blvd. (If rural, give location) 919  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Nathan Sisson

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 26 (Month) (Day) (Year) 1941

8. AGE: Years Months Days If less than one day  
2 7 28 hr. min.

9. Birthplace Nolan Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

MOTHER FATHER

12. Name Leslie Sisson

13. Birthplace Nolan Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Therma L. Wagner

15. Birthplace Nolan Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie Sisson

(b) Address 4122 Delmar Blvd.

17. (a) Removal (b) Date thereof 11-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hoxie, Arkansas

18. (a) Signature of funeral director Albert H. Hodges, Inc.

(b) Address 4700 Washington Blvd.

19. (a) NOV 24 1948 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 24  
year 1943 hour 12<sup>45</sup> minute 0 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death 1st 3rd Degree Burns Duration  
of Arms, Legs and Body suffered  
when Child played with matches  
and ignited its night clothing  
in the home on September 26  
1943 about 7:30 pm.

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accidents, suicide, or homicide (specify) Accident 000

(b) Date of occurrence Sept 26 - 1943

(c) Where did injury occur? St. Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

(Specify type of place)

While at work? (e) Means of injury.....

23. Signature Thomas F. Gilliam (M. D. or other) 3

Address Deputy Coroner Date signed 11-24-43

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

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Albert E. Hoffe*

Licensed Embalmer No. 2971

P. O. Address.....

**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.**