

No. 2  
5-543  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35604**  
**8667**  
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Homer Phillips Hospital  
(d) Length of stay: 2 1/2 hours  
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 812 N. 13th  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Sylvester Sisk  
(b) If veteran, name war No  
(c) Social Security No. 998-10-6550

MEDICAL CERTIFICATION  
4. DATE OF DEATH: Month Oct. day 7  
year 1946 hour 8 minute 30 A.M.  
21. I hereby certify that I attended the deceased from 9-7  
1946 to 10-7 1946  
that I last saw him alive on 10-7 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race Col.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ardella  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased 2 23 1900  
(Month) (Day) (Year)

Immediate cause of death Cerebral Edema  
Due to Malignant Hypertension  
Duration 1 day

8. AGE: Years 46 Months 7 Days 14  
If less than one day .hr. min.

Due to Other conditions  
(Include pregnancy within 3 months of death) 83

9. Birthplace Madisonville Ky.  
10. Usual occupation Porter

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business Homer Phillips  
12. Name James Sisk  
13. Birthplace Madisonville Ky.  
14. Maiden name Elizabeth Stewart  
15. Birthplace Unknown Ia.

16. (a) Informant Ardella Sisk  
(b) Address 812 N. 13th St.  
17. (a) Burial (b) Date thereof 10-13-46  
(c) Place: burial or cremation Father Dickson

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? \_\_\_\_\_

18. (a) Signature of funeral director Bernice Love  
(b) Address 3103 Washington Ave.  
19. (a) OCT 9 1946 (Date received local registry)  
J. P. Baerck (Registrar's signature)

While at work? (Specify type of place) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_  
23. Signature J. C. Sheppard (M. D. or other) MD  
Address 2702 Franklin Date signed 10-7-46

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

34426

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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 H. Claude Gordon

Licensed Embalmer No. 3789

P. O. Address. 4575 Abeline

**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.**