

FILED MAR 13 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

Registrar's No. 568

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ballwin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pine Crest Homes 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2/8/47  
(Specify whether  
In this community 3/8/47  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L  
(c) City or town 1624a Tower Grove Ave.  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. Louis, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CISSELL, Mary Josephine

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F / 5. Color or race W. 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife late Joseph D. Cissell 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 17, 1980  
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 20 If less than one day hr. min

9. Birthplace Perryville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Hilary Miles

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

14. Maiden name unknown

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

16. (a) Informant Howard J. Cissell

(b) Address 1624a Tower Grove Ave

17. (a) Burial (b) Date thereof 3-11-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Missouri

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) 3-13-47 (b) Ruth J. Allen MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8  
year 1947 hour 7: minute 05A M.

21. I hereby certify that I attended the deceased from Feb 10  
1947 to Mar 8 1947  
that I last saw her alive on March 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration \_\_\_\_\_

Due to 93d

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature R. J. Merklein MD (M. D. or other) \_\_\_\_\_  
Address 3507 Potomac Date signed 3-10-47

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

**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 *John P. Buchholz*  
Licensed Embalmer No. *1674*  
P. O. Address *2223 St. Louis*

**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.**