S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

42858

State File No.

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11555

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Childrens Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Clay 999

(c) City or town Clay City 11
(If outside city or town limits, write "RURAL")

(d) Street No. N.R. 0
(If rural, give location) 2

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Phillip Earl Bissey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 26 (Day) 1943 (Year)

8. AGE: Years 4 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Clay Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Russell Bissey
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Evelyn Staley
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Russell Bissey
(b) Address Clay City, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Clay City, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1947 hour 11 minute 15 P 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 1 Empyema & Pericarditis

Due to 3 Labor Pneumonia

Due to

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? 2
(Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Taylor (M.D. or other) Dep. Cor.

Address 1300 Clark Date signed 12-18-47

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

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Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Geo W Wilkinson

Licensed Embalmer No. 3575

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.