

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

FILED AUG 28 1948

Registration District No. 318

Primary Registration District No.

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: 5709 Thekla
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Monroe L. Cissell

3. (b) If veteran, name war No 3. (c) Social Security No. 494-07-3967

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

6. (b) Name of husband or wife Freda Reckart 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased October 31, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 9 14 hr. min.

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

10. Usual occupation Pressman

11. Industry or business

12. Name Lawrence Cissell

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

14. Maiden name Theresa Tucker

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

16. (a) Informant Freda Cissell

(b) Address 5709 Thekla Ave.

17. (a) Burial (b) Date August 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valvary Cemetery

18. (a) Signature of funeral director Bromschwig and Son Funeral Home

(b) Address 4746 W. Florissant Ave.

19. (a) AUG 17 1948 (b) J. A. Brulech
(Date received local registrar) (Registrar's signature)

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. 5709 Thekla (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-26-47
to 8-14-48, 19

that I last saw him alive on 8-13-48, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular renal disease

Due to

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) (A Means of injury)

23. Signature HARRY A. KLEIN, M.D. (M.D. or other)

Address 5074 N. Union Blvd. Date signed 8-12-48

St. Louis 15, Mo.

2-23-1938

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 Elmer R. Caldwell

Licensed Embalmer No. 4077

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.