

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22805

FILED JUN 24 1953

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State File No. 5649  
Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILL.</b> b. COUNTY <b>ST. CLAIR</b> 8120	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 0</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EAST St. Louis 8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CITY HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>528 N. 45</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Leo</b> c. (Last) <b>Dissett</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 5, 1953</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Dec 31 1893</b>
9. AGE (In years last birthday) <b>59</b>		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SAND &amp; GRAVEL</b>	
11. BIRTHPLACE (State or foreign country) <b>EAST ST LOUIS ILL.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>JOHN Dissett</b>		13b. MOTHER'S MAIDEN NAME <b>KATE HOPKINS</b>	
14. NAME OF HUSBAND OR WIFE <b>MARGARET Dissett</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>489-09-9781</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Dissett</b>		ADDRESS <b>528 N. 45 E. East St. Louis, Ill.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
19. MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia Subarachnoid</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <b>hemorrhage; Fr of ribs, suffered Morbid conditions, if any, due to rise to the above cause (a) stating the underlying cause last. <b>stroke 9:15 am May 29, 1953, when patient on which deceased was</b></b>			
II. OTHER SIGNIFICANT CONDITIONS <b>working fell, at foot of Victor St. residence, resulting in head trauma</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>accident</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, street, office, etc.) <b>Street</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 29 53 9A</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>NO</b>		<b>E9025</b>	
22. I hereby certify that I attended the deceased from <b>3</b> 19 <b>53</b> , to <b>19</b> , that I last saw the deceased alive on <b>830p.</b> , 19 <b>53</b> , and that death occurred at <b>830p.</b> m., from the causes and on the date stated above. <b>6</b>			
23a. SIGNATURE (Degree or title) <b>Patrick E. Taylor Coroner</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>6 8 53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>JUNE 9 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>MT. CARMEL</b>		24d. LOCATION (City, town, or county) (State) <b>Belleville ILL.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 6 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Welch</b>		ADDRESS <b>East St. Louis, Ill.</b>	

WRITE PLAINLY—USING 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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *Philip Ogden* \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *7091* \_\_\_\_\_

P. O. Address *East St Louis* \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**