

FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31914**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2105**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spanish Lake		c. CITY OR TOWN Spanish Lake	
c. LENGTH OF STAY (in this place) 1 year		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION 11909 Bellefontaine Road		STREET ADDRESS (If rural, give location) 11909 Bellefontaine Road	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) M	c. (Last) Sisk	4. DATE OF DEATH (Month) (Day) (Year) Sept 7 1955
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 20, 1891	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Carlin Brewery	11. BIRTHPLACE (City and State or Foreign Country) Bloomington, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John Sisk	13b. MOTHER'S MAIDEN NAME Mary Murphy	14. NAME OF HUSBAND OR WIFE Edith Sisk
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give year and date of service) 1st world war	16. SOCIAL SECURITY # 496-12-2245	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith Sisk	ADDRESS 11909 Bellefontaine Road
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis Chr. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **6/16/55**, 19____, to **9/7/55**, 19____, that I last saw the deceased alive on **9/7/55**, 19____, and that death occurred at **4:00 p m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____	23b. ADDRESS 6917 W. Elmwood	23c. DATE SIGNED 9/8/55
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Sept. 10, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 9-9-55	REGISTRAR'S SIGNATURE Herbert R. Domb MD	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	ADDRESS 2161 E. Fair Ave
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SB. (Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 1960

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clement M. Gray*

Licensed Embalmer No. *37*

P. O. Address *A. L. L...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.