XC # 1865 87 86
SL # 10282 FILED JUN 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 022898
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5699

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETS. ADM. HOSP. — Length of stay in 1b: 83 DAYS

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: SAINT CLAIR

c. CITY OR TOWN: EAST ST. LOUIS — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 3024 REGENT PLACE — Reside on Farm Yes ☐ No ☒

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3. NAME OF DECEASED (Type or print): First VIRGIL Middle E Last SISK

4. DATE OF DEATH: Month 6 Day 17 Year 57

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12-17-34

9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months 6 Days 0 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SERVICE STATION ATTENDANT

10b. KIND OF BUSINESS OR INDUSTRY: SERVICE STATION

11. BIRTHPLACE (City and state or country): EAST ST. LOUIS, ILLINOIS

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: VERDIE SISK

14. MOTHER'S MAIDEN NAME: MINNIE STONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) KOREAN

16. SOCIAL SECURITY NO.: 345-24-9735

17. INFORMANT Address: VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): HODGKIN'S DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 2½ YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 201x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-26-57, to 6-17-57 and last saw him alive on 6-17-57
Death occurred at 6:50 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard R. Dewey M. D.

22b. ADDRESS: VAH, ST. LOUIS, MISSOURI

22c. DATE SIGNED: 6-17-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 6/18/57

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): East St. Louis, Illinois

24. FUNERAL DIRECTOR: John J. Kaufly — ADDRESS: E. St. Louis Ill.

25. DATE RECD. BY LOCAL REG.: JUN 18 '57

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. E.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Not Embalmed

Student ..... Signature of Student Embalmer

Signed John J. Kassly

Licensed Embalmer No. 68

P. O. Address E St. Fo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.