

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010795

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar No. **2 2885**

NEW APR 7 1959

300
-57
10
92
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>DePaul Hospital</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>5542 Riverview Blvd.</i>
3. NAME OF DECEASED (Type or print) First <i>LILLIE</i> Middle <i>CISSELL</i> Last		4. DATE OF DEATH Month <i>Mar.</i> Day <i>20,</i> Year <i>1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 26, 1893</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seamstress</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Victorine Dress Co.</i>	11. BIRTHPLACE (City and state or country) <i>Perryville, Mo.</i>
13a. FATHER'S NAME <i>Fidelis Ferguson</i>		13b. MOTHER'S MAIDEN NAME <i>Mary E. Seifert</i>	14. NAME OF HUSBAND OR WIFE <i>Elliott Cissell</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) <i>no none</i>	16. SOCIAL SECURITY NO. <i>486-16-6356</i>	17. INFORMANT Address <i>Mrs. Lillian Kuehner 5542 Riverview.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Eosinophilic Leukemia chr</i>			INTERVAL BETWEEN ONSET AND DEATH <i>? 24 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>204!</i>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <i>Aug 14 1958</i> to <i>March 20</i> and last saw ^{her} _{him} alive on <i>March 20 1959</i> Death occurred at <i>4:10 PM</i> P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <i>Lillian Kuehner M.D.</i>		22b. ADDRESS <i>430 Hodgesmont</i>	22c. DATE SIGNED <i>3/21/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3/23/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
24. FUNERAL DIRECTOR <i>JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 22 59</i>	26. REGISTRAR'S SIGNATURE <i>Stan Smith M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *J. M. Rister*

Licensed Embalmer No. *3980*

P. O. Address *St. Louis, Mo.*

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.