

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-006384  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1391

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in lb  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY Bloomsdale  
c. CITY OR TOWN Bloomsdale, Mo. Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Star Route Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Lewis Cissell 4. DATE OF DEATH Month Day Year Feb. 10 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8-27-99 9. AGE (last birthday) 61 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician-Vinnell Corp. 10b. KIND OF BUSINESS OR INDUSTRY Perryville, Missouri 11. BIRTHPLACE (City and state or country) U.S.A 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME William Cissell 13b. MOTHER'S MAIDEN NAME Amily Brewster 14. NAME OF HUSBAND OR WIFE Irene Cissell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Irene Cissell - Bloomsdale, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) General Debilitation INTERVAL BETWEEN ONSET AND DEATH  
DUE TO (b) Hodgkin Disease 1 yr.  
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)  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  N.  Unknown

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 2/9/61

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 2/9/61 to 2/10/61 and last saw her alive on 2/10/61. Death occurred at 3:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard A. Krumholz MD 22b. ADDRESS F.D.H. 22c. DATE SIGNED 2/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 13-1961 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S. Kingshighway 25. DATE RECD. BY LOCAL REG. FEB 11 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF  
ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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 R. W. Stovessund

Licensed Embalmer No. 4007

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.