ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2365 STATE FILE NUMBER 61-011589

FILED MAR 23 1961

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

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: Days

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Johns Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Webster Groves — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 475 W. Jackson Rd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Raleigh Middle: E. Last: Sisson

4. DATE OF DEATH: Month: March Day: 10 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐

8. DATE OF BIRTH: 10-27-1883

9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President- Sisson Press

10b. KIND OF BUSINESS OR INDUSTRY: Co.-Retired

11. BIRTHPLACE (City and state or country): Butler, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: J H. Sisson

13b. MOTHER'S MAIDEN NAME: Sarah Page

14. NAME OF HUSBAND OR WIFE: Helen L. Sisson

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

16. SOCIAL SECURITY NO.: Yes

17. INFORMANT: Helen L. Sisson, Address: 475 W. Jackson, Webster

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): Pulmonary METASTASIS — INTERVAL BETWEEN ONSET AND DEATH: 9 months

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

DUE TO (b): Cancer of colon

DUE TO (c): 153.8

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 ☐ No ☐ 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

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 June 1960, to 3-10-61 and last saw ~~her~~ him alive on 3-9-61

Death occurred at 3A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Erwin Leonhardt. M.D

22b. ADDRESS: 18. S. Kingshighway

22c. DATE SIGNED: 3-10-61

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

23b. DATE: 3-13-1961

23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR — ADDRESS: C. R. Lupton & Sons, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: MAR 10 1961

26. REGISTRAR'S SIGNATURE: Carl Smith. M.D.

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_____ Signed Arnold W. Schoene

Signature of Student Embalmer

Licensed Embalmer No. 3864

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.