

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7604 STATE FILE NUMBER

**1. PLACE OF DEATH**  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b. \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA. Homer Phillips Hos. Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN St. Louis Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1817 Laflin Ave. Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First Georgia Middle Robbie Last Sisson  
**4. DATE OF DEATH** Month 8 Day 14 Year 61.

**5. SEX** Female **6. COLOR OR RACE** Col. **7. Married**  Never Married  Widowed  Divorced   
**8. DATE OF BIRTH** I/6/92 **9. AGE (last birthday)** 69 **IF UNDER 1 YEAR** Months 7 Days 8 **IF UNDER 24 HR** Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Nil **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_ **11. BIRTHPLACE** (City and state or country) Leland, Miss. **12. CITIZEN OF WHAT COUNTRY** USA.

**13a. FATHER'S NAME** Robert Peterson **13b. MOTHER'S MAIDEN NAME** Lucinda Hopkins **14. NAME OF HUSBAND OR WIFE** None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no (If yes, give war or dates of service) \_\_\_\_\_ **17. INFORMANT** Jimmie Moore Address 1817 Laflin Ave.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral Apoplexy  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
 DUE TO (c) 334X

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 \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

**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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at 9:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) Joseph M. Turner Registrar **22b. ADDRESS** 1300 Clark **22c. DATE SIGNED** 8-16-61

**23a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **23b. DATE** 8/18/61 **23c. NAME OF CEMETERY OR CREMATORY** Greenwood Cemetery **23d. LOCATION** (City, town, or county) (State) St. Louis Co. Mo.

**24. FUNERAL DIRECTOR** Wright Funeral Home ADDRESS 3100 Easton Ave. **25. DATE RECD. BY LOCAL REG.** AUG 16 1961 **26. REGISTRAR'S SIGNATURE** Earl Smith, M.D.

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Arthur P. Healliard

Licensed Embalmer No. 4221

P. O. Address: 3100 Eastona

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.