

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6877

**1. PLACE OF DEATH**

County.....*St. Louis*..... Registration District No. *791*  
 Township.....*St. Louis*..... Primary Registration District No. *1003*  
 City.....*St. Louis* (No. *462011*) *Graska Ave*..... St. .... Ward.....  
 Registered No. *1839*

**2. FULL NAME**

*Catharina Maria Stickfort*  
 (a) Residence No. .... St. *151* Ward. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Henry Stickfort</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>June 17<sup>th</sup> 1850</i>		
7. AGE	YEARS <i>77</i>	MONTHS <i>8</i>
	DAYS <i>0</i>	IF LESS than 1 day, .... hrs. or .... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <i>at Home</i> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		
9. BIRTHPLACE (CITY OR TOWN)..... <i>Hannover</i> (STATE OR COUNTRY)..... <i>Germany</i>		
10. NAME OF FATHER..... <i>Herman H. Hecker</i>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY)..... <i>Germany</i>		
12. MAIDEN NAME OF MOTHER..... <i>Katharina Mollen</i>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY)..... <i>Germany</i>		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 17* 19*28*  
 17. I HEREBY CERTIFY That I attended deceased from *14* *1928* to *Feb 17* 19*28*  
 that I last saw her alive on *Feb 17* 19*28* and that death occurred, on the date stated above, at *12:35 p* m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Dilatation of Heart*  
*101.13*  
*75 E* (duration) .... yrs. .... mos. *3* da.  
 CONTRIBUTORY *Chronic Bronchitis*  
 (SECONDARY) *non Tuberculosis* (duration) .... yrs. .... mos. *3* da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) *Edmund Rodler* M. D.  
*Feb 18, 1928* (Address) *7310 Michigan av*  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT.....*Henry Stickfort*  
 (Address) *Herz Nebraska*  
 15. FILED.....*FEB 20 1928*.....*Max G. Starke*  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL.....*New Creek*  
 DATE OF BURIAL.....*Feb 24* 19*28*  
 20. UNDERTAKER.....*Hoppsite U. of Co*  
 ADDRESS.....*784th E. St.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

