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

Do not use this space.

8268

1. PLACE OF DEATH

County.....

Township.....

City St. Louis (No. Congress Hotel ..... St. ..... Ward)

Registration District No. 791

Primary Registration District No. 903

File No.....

Registered No. 1917

2. FULL NAME Nannie Sicher

(a) Residence. No. 275 N Union St., 12 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Sicher

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 25 - 1870

7. AGE: Years 59 | Months — | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: Solomon Marx

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER: Johannah Cohen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT: Erwin Sicher
(Address) Congress Hotel

15. FILED FEB 10, 1929 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1928, to Feb 9, 1929, that I last saw her alive on Feb 9, 1929, and that death occurred, on the date stated above, at 2 50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of breast

50 (duration) 2 yrs. 3 mos. — ds.

CONTRIBUTORY (SECONDARY) 47

(duration) ..... yrs. ..... mos. ..... ds.

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) Ernst Jonas, M. D.

Feb. 9, 1929 (Address) Lister Building

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Sinai Cemetery

DATE OF BURIAL: 2-11-1929

20. UNDERTAKER: H. Rindskopf

ADDRESS: 5216 Delmar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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