WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 791 1003 File No. 28288

Township ..... Primary Registration District No. ..... Registered No. 8139

City St. Louis (No. #4476 W. Pine Blvd. St. ..... Ward)

**2. FULL NAME** Mary ~~Jouett~~ Sickel.

(a) Residence. No. #4476 W. Pine St. Blvd. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 19 How long in U. S., if of foreign birth? yrs. mos. ds.

2

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Col. H. G. Sickel.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch, 2 1863.

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67. | 5. | 11. | |

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, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Maj. Jouett.

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

12. MAIDEN NAME OF MOTHER Unknown Schaumberg, Aug 15, 1930

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

14. INFORMANT Louise McGee.
(Address) New Orleans La.

15. FILED AUG 15 1930 19 Max C. Starkloff REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug, 13, 1930.

17. I HEREBY CERTIFY, That I attended deceased from June 10 30, 19..., to Aug 13, 1930, that I last saw her alive on Aug 13, 1930, and that death occurred, on the date stated above, at 6:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortitis
92 A
(duration) 1 yrs. 4 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Endocarditis Chronic
(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. E. Jones, M. D.
(Address) Lister Bldg

*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 | DATE OF BURIAL |
|---|---|
| Bellefontaine Cem. | Aug-16-1930. |
| **20. UNDERTAKER** | **ADDRESS** |
| C. R. Lupton | #4449 Olive St. |

Lister Bldg.
Delmar 2866
2:30 to 4:30