

REC'D SEP 12 1938

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

27314
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **4350 Gibson Ave** St. **18**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **7328**

2. PRINT FULL NAME

Emma C. Sick
(a) Residence, No. **4350 Gibson Ave** St. **18**
(Usual place of abode, if no street address, write county or city) (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) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **The Late John Sick**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 20 TH 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 ----- **0--** **28 ****

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ILL**FATHER 13. NAME **Henry Horstmann**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**MOTHER 15. MAIDEN NAME **Wilhelmina Petzold**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**17. INFORMANT **George Sick** (ADDRESS) **4350 Gibson Ave**18. BURIAL, CREMATION, OR REMOVAL PLACE **Troy Ill** DATE **8/20/38**
1365 20/TH/3819. FUNERAL DIRECTOR **Edward Koch** (ADDRESS) **376 N 14 St St Louis Mo**20. FILED **AUG 18 1938** **J. P. Bredbeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 17 1938**22. I HEREBY CERTIFY, That I attended deceased from **Aug 15** 1938 to **Aug 17** 1938I last saw h **et** alive on **Aug 16** 1938. Death is said to have occurred on the date stated above, at **8 A. m.**

The principal cause of death and related causes of importance were as follows:

Chronic arthritis Date of onset **8/1 1934**

Other contributory causes of importance:

Chronic myocarditis **8/1/34**Name of operation **None** Date of **X**What test confirmed diagnosis? **None** Was there an autopsy? **X**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **X** Date of injury....., 19.....Where did injury occur? **X** (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. **X**Manner of injury **X**Nature of injury **X**24. Was disease or injury in any way related to occupation of deceased? **No**If so, specify **Dr. William T. Herndon**(Signed) **Dr. William T. Herndon**, M. D.(Address) **3500 N Grand**

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.

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

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STATEMENT BY LICENSED EMBALMER

I, *[Signature]* _____, Licensed Embalmer No. 1591

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *[Signature]* _____
Licensed Embalmer No. 1591

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.)