

1938 JAN 11 1938

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

41091  
Do not use this space.

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St. Louis, Mo.  
(e) Length of residence in city or town where death occurred

Registration District No. 791  
Primary Registration District No. 1008  
(d) Street No. BARNES HOSPITAL St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 10783

2. PRINT FULL NAME

Jed  
Zelma Olga Sick  
(a) Residence, No. 7334 Elm ave St. Maplewood, Mo.  
(Usual place of abode, if no street address, write county or city)

UP (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
35 4 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher  
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) Kansas City Kan.

FATHER 13. NAME Herman Sick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan.

MOTHER 15. MAIDEN NAME Francis Wilkinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mary Sick (ADDRESS) 7334 Elm

18. BURIAL, CREMATION, OR REMOVAL PLACE Rich Hill, Mo. DATE Dec. 15, 1938

19. FUNERAL DIRECTOR (NAME) Jay B. Smith (ADDRESS) 7456 Manchester

20. FILED DEC 15 1938

J. B. Redick  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-5-38, 19, to 12-13-38, 19.

I last saw her alive on 12-13-38, 19. Death is said

to have occurred on the date stated above, at 3:30 P.M.

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

Hypertensive Heart disease with  
Cardiac decompensation  
RT. Ventricular failure  
Myocardial changes

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? CHE Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eugene L. Carson, Jr., M. D.  
(Address) BARNES HOSPITAL

WHILE IN PRINT, WITH CHANGING 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.

**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

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed



Licensed Embalmer No.

4029

P. O. Address \_\_\_\_\_

**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 this body is not embalmed, above space should be left blank.**