S. No. 2
—4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7015

FILED MAR 9 1942 25

Registration District No. 5680

Primary Registration District No. 5680

Registrar's No. 15-19

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural - Meramec
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hill Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 68 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5305 Sunshine Drive
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Albert W. Sicking

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucille

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March (Month) 8 (Day) 1873 (Year)

8. AGE: Years 68 Months ~~10~~ 11 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired 6 years

11. Industry or business Police Dept-St. Louis

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lucille Sicking
(b) Address 5305 Sunshine Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Hacker-Helderle Fund & Fin Co
(b) Address 3634 Gravois Ave

19. (a) 21 Feb 1942 (Date received local registrar) (b) James A Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1942 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from July 21st, 1941, to Feb. 16th, 1942 that I last saw him alive on 2-16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions Arterio-Sclerotic Cardio Vascular Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Allen McNearney (M. D. ~~or other~~)
Address 6125 A Bartmer Date signed 2-21-42

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(Licensed Embalmer's Statement on Reverse Side)

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. 2645

P. O. Address St Louis Mo.

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, fact should be so stated above.