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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 10 1943

Registration District No. 284

Primary Registration District No. 106

Registrar's No. 99

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
234 Saratoga St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether

In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 234 Saratoga
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John M. Sickinger

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 10 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 2 hr. min.

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

10. Usual occupation Tavern Prop.

11. Industry or business _____

MOTHER, FATHER { 12. Name John Sickinger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Alma Klein
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Sickinger Huber

(b) Address 330 E. Bid Bend, Kirkwood,

17. (a) Burial (b) Date thereof 1-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) JAN 15 1943 (b) R. W. Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1943 hour _____ minute 3:30 PM

21. I hereby certify that I attended the deceased from Jan 15, 1943, to January 12, 1943
that I last saw him alive on January 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 3 yrs

Due to _____

Due to _____

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. W. Garrison (M. D. or other) _____
Address 243 W. Jefferson, Kirkwood Date signed 1-13-43

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.....

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, fact should be so stated above.