

FILED APR 6 1944  
318

Primary Registration District No. 1003

Registrar's No. 202157

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Sanitarium 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 25 yrs 10 mos 18 ds  
47 years (Specify whether years, months or days)  
 In this community \_\_\_\_\_

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. 1610 Carroll  
5800 General  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELLA CLAGGETT  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / Color or race white  
 5. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased January 21 1879  
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 19  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace not known Illinois  
(City, town, or county) (State or foreign country)  
Houxework

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Van Syckle

13. Birthplace not known Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna E. Miller

15. Birthplace not known Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Sengler  
 (b) Address 5300 Arsenal St

17. Antoinette B... of State of Mo 3-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. K. Kuster  
 (b) Address 3500 Rutledge

19. (a) MAR 29 1944 (b) J. F. Bessick  
(Date signed) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
 year 1944 hour 9:15 minute A M.

21. I hereby certify that I attended the deceased from Dec. 15 1943 to March 20 1944  
 that I last saw her alive on March 20 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Coronary Occlusion 10 ds.  
 Due to Cardiac Decompensation 10 ds.

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy no  
 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 Bernard Bessick, M.D. (M. D. or other) \_\_\_\_\_  
 Address 5300 Arsenal Date signed 3/24/44

WHITE PAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.**