

FILED JAN 5 1946

Registrar's No. 11078

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 11078

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. Baptist Hospital, 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
(Specify whether  
In this community 50 years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 16  
(d) Street No. 4232 Juniata St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sophie Sicher,  
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 17  
year 1945 hour 4 minute 30 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Edward Sicher 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 17, 1864  
(Month) (Day) (Year)

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death Arteriosclerosis of the heart  
and atherosclerosis of the coronary arteries  
causing a fatal myocardial infarction  
at the home of the deceased  
at 4232 Juniata St. St. Louis, Mo.  
Due to illness on Dec 10, 1945

8. AGE:	Years	Months	Days	If less than one day
	81	11	0	hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
186  
200  
100

9. Birthplace Germany, (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife,

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

MOTHER, FATHER: {  
12. Name Frederick Kleppsattel,  
13. Birthplace Germany, (City, town, or county) (State or foreign country) 4  
14. Maiden name Julliana Klebahn,  
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Mrs. C. H. Greve,  
(b) Address 8340 Racquet Drive.  
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/19/45  
(Month) (Day) (Year)  
(c) Place: burial or cremation Zion Cemetery

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accidental  
(b) Date of occurrence Dec 10 1945  
(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? Area of the lawn

18. (a) Signature of funeral director Wagoner Mortuary  
(b) Address 4161 19th St. Blvd.  
19. (a) DEC 19 1945 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 6 above  
23. Signature John E. Taylor (M. D. or other) \_\_\_\_\_  
Address 107 1/2 Date signed 12/18/45

WRITE PLAINLY—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 Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell Blvd.

**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.**