V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10229

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 11317

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2347

**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: ISOLATION HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/25/46 to 3/9/46 (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 MO
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 ARSENAL ST
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LYDIA KICKER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Fred

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

7. Birth date of deceased AUG, 27, 1884 (Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 12 If less than one day hr. min.

9. Birthplace st. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation LAUNDRESS

11. Industry or business

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

MOTHER
14. Maiden name EMMA? SCHWERRING
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant CITY INFIRMARY RECORDS

(b) Address 5800 ARSENAL ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Provost Und Co.

(b) Address 3710 N. Grand Blvd.

19. (a) MAR 11 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MAR, day 9, year 1946 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1/25 1946, 19, to 3/9, 1946 that I last saw her alive on 3/9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Coronary artery disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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 John E. Helmuth (M. D. or other)

Address 5600 Arsenal Date signed 3/9/46

(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.....V E Morris.....

Licensed Embalmer No.....3360.....

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.**