

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22722
6144
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(c) Name of hospital or institution: CHRISTIAN HOSPITAL
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(d) Street No. 5714 MAPLE
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BABY VANSICKLES
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan 26 day June year 1947 hour 2:00
21. I hereby certify that I attended the deceased from June 26 1947 to June 26 1947
that I last saw h. alive on June 26 1947 and that death occurred on the date and hour stated above.

4. Sex M O 5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE - 26 - 1947 (Month) (Day) (Year)

Immediate cause of death
Prematurity 28 weeks gest.
Premature Separation Placenta 2 da
Duration

8. AGE: Years Months Days If less than one day 4 hr. min.
9. Birthplace ST. LOUIS - MO (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name CHARLES VANSICKLES
13. Birthplace LEADWOOD - MO (City, town, or county) (State or foreign country)
14. Maiden name RUTH GLENN
15. Birthplace ST. LOUIS - MO (City, town, or county) (State or foreign country)

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?

16. (a) Informant Charles Vansickles
(b) Address 5714 Maple
17. (a) BURIAL (b) Date thereof 6/27/47 (c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director J. B. Tamm
(b) Address 6107 National Bridge
19. (a) JUN 27 1947 (b) (Date received local registrar) (Registrar's signature)

23. Signature Roy V. Baedeker (M. D. or other) While at work? (Specify type of place) (c) Means of injury
Address 1111 1/2 St. (8) Date signed 6/27/47

(Licensed Embalmer's Statement on Reverse Side)

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

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.

NOT EMBALMED

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.