M—1/47
5-17-39

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

National Office of Vital Statistics

FILED MAR 8 1948

Registration District No. 327

STANDARD CERTIFICATE OF DEATH

State File No. 7447

Primary Registration District No. 6026

Registrar's No. 611

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Vet. Adm. Hospital O
Jefferson Barracks, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91

(c) City or town St. Louis (Pine Lawn) O
(If outside city or town limits, write "RURAL")

(d) Street No. 6421 Woodrow O
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME STICKFORT, Theodore

3. (b) If veteran, name war WW-I

3. (c) Social Security No. Unknown

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Ethel Stickfort

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March (Month) 4 (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	0	0	hr. min.

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

10. Usual occupation Post Office Clerk

11. Industry or business —

FATHER
12. Name Unknown 9
13. Birthplace Unknown /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown O
15. Birthplace Unknown /
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar

(b) Address VAH, Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Herman Fun. Dir.

(b) Address 2161 E. Fair St. Louis, Mo.

19. (a) 3-5-48 (Date received local registrar) (b) Beula J. Stuffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1948 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from February 28, 1948, to March 4, 1948; that I last saw him alive on March 4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HYPERTENSIVE CARDIOVASCULAR DISEASE	Unk
Due to Chronic Nephritis; Prostatic Hypertrophy; Uremia	Unk
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none

Of autopsy None

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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 O

23. Signature [signature] (M. D. or other)

Address VAH, Jefferson Barracks, Mo. Date signed 2/4/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 18 1948
APR 8 1949
JUL 10 1951

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 G W Wilkinson

Licensed Embalmer No. 3575

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.