S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10672

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2863

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 809 DESTREHAN ST (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 48 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL")
(d) Street No. 809 DESTREHAN ST 9 (If rural, give location)
26
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIS SICKAFOOSE
3. (b) If veteran, name war NIL
3. (c) Social Security No. NIL

4. Sex MALE 0
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LOUISE SICKAFOOSE
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased FEB. 9 1867 (Month) (Day) (Year)

8. AGE: Years 81 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace FT WAYNE INDIANA (City, town, or county) (State or foreign country)
10. Usual occupation UNEMPLOYEED
11. Industry or business NIL
FATHER
12. Name JOHN SICKAFOOSE
13. Birthplace UNK. OHIO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNK. UNK. (City, town, or county) (State or foreign country)
16. (a) Informant LOUISE SICKAFOOSE
(b) Address 809 DESTREHAN ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK
18. (a) Signature of funeral director Luedmeyer
(b) Address 3934 N. 20th St.
19. (a) MAR 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 21 year 1948 hour 3 minute 45 A. M.
21. I hereby certify that I attended the deceased from June 13th 1946, 19..., to March 20th 1948; that I last saw him alive on 2/20/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	1 day
Due to Arteriosclerotic heart disease	10 yr
Due to	
Other conditions (Include pregnancy within 3 months of death) Huntington's Chorea	

Major findings:
Of operations
Of autopsy

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)
(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 Dr. T. D. Playlock (M. D. or other)
Address 1415 Salisbury Date signed 3/23/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Ce 3376

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. Frohwetter

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th ST.

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.