FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25289

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6203

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS
c. LENGTH OF STAY (In this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARIAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: DOG
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 17
d. STREET ADDRESS (If rural, give location): 1115 LYNCH ST 0

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) — c. (Last) SICKING

4. DATE OF DEATH (Month) JULY (Day) 16 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 19 1899
9. AGE (In years last birthday): 49 — If under 1 year: Months 8, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHIPPING DEPT.
10b. KIND OF BUSINESS OR INDUSTRY: ANHEUSER BUSCH BREWERY
11. BIRTHPLACE (State or foreign country): ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: PAUL SICKING
13b. MOTHER'S MAIDEN NAME: KATHERINE GRIMEL
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 499-01-7518
17. INFORMANT'S SIGNATURE OR NAME: IDA SICKING — ADDRESS: 1115 LYNCH

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 100
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? H90X

22. *I hereby certify that I attended the deceased from* 7-15, 1949, *to* 7-16, 1949, *that I last saw the deceased alive on* 7-16, 1949, *and that death occurred at* 2:30 A.M., *from the cause and on the date stated above.*

23a. SIGNATURE: H. S. Ryan (Degree or title)
23b. ADDRESS: 2752 Chippee
23c. DATE SIGNED: 6-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 18, 1949
24c. NAME OF CEMETERY OR CREMATORY: ST. MARCUS (NEW)
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO

DATE REC'D BY LOCAL REG.: JUL 17 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Kutis — ADDRESS: 2906 GRAVOIS

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. S. Pyne
2752a Cherokee
Hours 7-8 P.M. 7/16/49

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 _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed Homer C. Hill

Licensed Embalmer No. 4347

P. O. Address 24-86 Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.