

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18861

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 1305

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KIRKWOOD</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KIRKWOOD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>US MARINE HOSPITAL, KIRKWOOD, MO.</b>		d. STREET ADDRESS (If rural, give location) <b>21 SILVER LANE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b> b. (Middle) <b>CORNELIUS</b> c. (Last) <b>STICKNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 20, 1950</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>Jan. 20, 1889</b>		9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b>	
11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>NAME IS NOT AVAILABLE</b>		13b. MOTHER'S MAIDEN NAME <b>AUGUSTA FEHR</b>		14. NAME OF HUSBAND OR WIFE <b>MARIE B. STICKNER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>US MARINE HOSPITAL, KIRKWOOD, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mild Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>	
		ANTECEDENT CAUSES <b>Coronary Thrombosis</b>		<b>6 weeks</b>	
		DUE TO (b) <b>Coronary Thrombosis</b>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>2/20/1</b>	

19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>X</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>X</b>	

22. I hereby certify that I attended the deceased from 5-20, 1950, to 5-20, 1950, that I last saw the deceased alive on 5-20, 1950, and that death occurred at 5:10 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Herbert R. Danks, M.D.</i>		(Degree or title)		23b. ADDRESS <b>US MARINE HOSPITAL, KIRKWOOD, MO</b>		23c. DATE SIGNED <b>MAY 20, 1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/23/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Baracks, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-22-50</b>		REGISTRAR'S SIGNATURE <i>Herbert R. Danks, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Meyer-Pfizinger</i>		ADDRESS <b>Kirkwood, Mo.</b>	

**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 *John M Meyer* \_\_\_\_\_

Licensed Embalmer No. *3288* \_\_\_\_\_

P. O. Address *Kirkwood Mo* \_\_\_\_\_

**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.