

5. No. 300
ev. 10. 48

DECEASED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22764

318

1003

5389

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 35yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2-059		
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital				d. STREET ADDRESS (If rural, give location) 5 5916 Enright				
3. NAME OF DECEASED (Type or Print) a. (First) CHARLOTTE b. (Middle) VAN SICKLER c. (Last)			4. DATE OF DEATH June 11, 1952					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 18, 1890		9. AGE (In years last birthday) 61yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spinster		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Fort Scott, Kansas		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Wm. H. Van Sickler			13b. MOTHER'S MAIDEN NAME Mary Louise Brush		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wm. H. VanSickler				ADDRESS 18 S. Kingshigh
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Menengitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Failure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3403				
22. I hereby certify that I attended the deceased from Jan 1, 1952, to June 11, 1952, that I last saw the deceased alive on June 11, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. Mary Jean Murphy				23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem		24d. LOCATION (City, town, or county) (State) St. Louis, No		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 12 1952		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith		ADDRESS 2nd Alexander & Sons 6175 Delmar				

No further information available. Dr. contacted.

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

mrs (Licensed Embalmer's Statement on Reverse Side)

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 Joseph E. MacCallister

Licensed Embalmer No. 2960

P. O. Address 6120th Delmar

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.