

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

22765

FILED JUN 27 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5070**

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) c. LENGTH OF STAY (In this place)
 OR TOWN **St. Louis, Mo.** c. CITY (If outside corporate limits, write RURAL and give township) **2199**
 OR TOWN **St. Louis, Mo.**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If in hospital or institution, give street address or location) d. STREET ADDRESS (If rural, give location)
BARNES HOSPITAL **1940 Washington Blvd.**

3. NAME OF DECEASED (Type or Print) a. (First) **Rose** b. (Middle) **Marie** c. (Last) **VanSickle** 4. DATE OF DEATH (Month) (Day) (Year)
June 2 1952

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Oct 1 1872** 9. AGE (In years last birthday) **79 yrs.**
 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (State or foreign country) **St. Louis County** 12. CITIZEN OF WHAT COUNTRY? **USA.**

13a. FATHER'S NAME **Andrew Hildebrand** 13b. MOTHER'S MAIDEN NAME **Sophie** 14. NAME OF HUSBAND OR WIFE **Edwin A. VanSickle (deceased)**

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 ADDRESS
E. De Van Sickle **6735 Page**

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral thrombosis** INTERVAL BETWEEN ONSET AND DEATH **8 days**
 ANTECEDENT CAUSES DUE TO (b) **Cerebral arteriosclerosis** **yrs.**
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **Rheumatoid arthritis** **30 yrs.**
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **None** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **None** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St. Louis **Mo.**

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY **None** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **None** **332X**

22. I hereby certify that I attended the deceased from **July 19 1949**, to **June 2 1952**, that I last saw the deceased alive on **June 1 1952**, and that death occurred at **11:10A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Herbert C. Meigand M.D.** 23b. ADDRESS **BARNES HOSPITAL** 23c. DATE SIGNED **6/2/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **6/5/52** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Lebanon Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Missouri**

DATE REC'D BY LOCAL REG. **JUN 3 1952** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **PROVOST UND. CO., 3710 N. Grand Blvd.**

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

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 *Stanley A. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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.