

44716

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 26 1953

Registrar's No. 11821

|  |                                  |   |   |  |  |   |  |
|--|----------------------------------|---|---|--|--|---|--|
| BIRTH NO. _____  |                                  | REG. DIST. NO. <u>318</u>   |   | PRIMARY REG. DIST. NO. <u>1003</u>   |  | State File No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>ST. LOUIS,</u>   |                                  |   | c. LENGTH OF STAY (in this place) _____         |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>ST. LOUIS,</u> <u>2109</u> |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>CITY HOSPITAL</u>  |                                  |   |   | d. STREET ADDRESS (If rural, give location)<br><u>3504 HARPER ST.</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |                                  | a. (First)<br><u>SOPHIE</u>   |   | b. (Middle) _____  |  | c. (Last)<br><u>BEGEMANN</u>  |  |
| 4. DATE OF DEATH   |                                  | (Month) <u>DEC,</u>   |   | (Day) <u>20,</u>   |  | (Year) <u>1952</u>  |  |
| 5. SEX<br><u>FEMALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOW</u>  |   | 8. DATE OF BIRTH<br><u>SEPT, 12, 1880</u>  |  | 9. AGE (In years last birthday) <u>72</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>AT HOME</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>ST. LOUIS MISSOURI</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME<br><u>FRED SICKMANN</u>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><u>MARY KESSER</u> |  |  | 14. NAME OF HUSBAND OR WIFE _____   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>  |                                  | 16. SOCIAL SECURITY NO. <u>NONE</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>MRS. ADELINE MARTIN</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage, left</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive Cardiovascular Disease</u><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Obesity</u> |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 week</u><br><br><u>10 yrs</u><br><br><u>30 yrs</u> |  |
| 19a. DATE OF OPERATION _____   |                                  | 19b. MAJOR FINDINGS OF OPERATION _____  |   |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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?<br><u>443X</u>  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Dec 12, 1952</u> to <u>Dec 20, 1952</u> , that I last saw the deceased alive on <u>Dec 19, 1952</u> , and that death occurred at <u>9:00P m.</u> , from the causes and on the date stated above. |                                  |   |   |  |  |   |  |
| 23a. SIGNATURE<br><u>Bennett R. Wood M.D.</u> (Degree or title)  |                                  |   |   | 23b. ADDRESS<br><u>3442 Geraldine St. Louis 15, Mo.</u>  |  | 23c. DATE SIGNED<br><u>12-22-52</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u>  |                                  | 24b. DATE<br><u>12/24/52</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>COLLEGE HILL</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>LEBANON ILLINOIS</u>                    |  |
| DATE REC'D BY LOCAL REG.<br><u>DEC 23 1952</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>Carl Smith M.D.</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>STROOT - CARROLL</u> ADDRESS<br><u>4600 NATURAL BRIDGE AVE</u>                              |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis 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.