

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20210

JUN 10 1953
BIRTH NO. 40252 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1538

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis Co	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 24376	
c. LENGTH OF STAY (In this place) 5 hrs.		d. STREET ADDRESS (If rural, give location) 7800 Gordy Road 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) Mary	a. (First)	b. (Middle) Ellen	c. (Last) Ickenroth	4. DATE OF DEATH June 2, 1953
				(Month) (Day) (Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 1, 1953	9. AGE (In years last birthday) 5	# UNDER 1 YEAR Months	# UNDER 2 HRS. Days	# UNDER 3 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Richmond Hights, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME James A. Ickenroth	13b. MOTHER'S MAIDEN NAME Judith Ann Dashley	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James A. Ickenroth, 7800 Gordy RD.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (6 1/2 Months)		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1, 1953, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE C. E. Sterling M.D. (Degree or title)	23b. ADDRESS 2050 North South Rd. St. Louis, Mo.	23c. DATE SIGNED June 3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 3, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.,	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 6-3-53	REGISTRAR'S SIGNATURE Herbert R. Dambach M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DR. C. E. Sterling,

WI. 2624

136-100M

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Student Embalmer

N^o Embalming.

Signed

Jos. W. Clark

Licensed Embalmer No. 1661

P. O. Address 1125 Hodiament Ave.,

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.