

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10426**  
Registrar's No. **2182**

FILED MAR 19 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>2 wks.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland 427X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2313 North and South Road</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thelma</b>			b. (Middle) <b>Sickafus</b>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 7 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 18, 1905</b>		9. AGE (In years last birthday) <b>48</b>		IF UNDER 1 YEAR Month Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Simpson, Ill.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>John Ditterline</b>			13b. MOTHER'S MAIDEN NAME <b>Tennessee Curley</b>			14. NAME OF HUSBAND OR WIFE <b>Edward Sickafus</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-28-7419</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Edna Sickafus</b>		ADDRESS <b>2313 North and South</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Decontracting myocardium of heart</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>	
		ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Art. Scler. cardi</b> <b>var. dis.</b>				1 year	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>					

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2-11**, 19**54**, to **3-7**, 19**54**, that I last saw the deceased alive on **3-6**, 19**54**, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. Earl Smith M.D.</b>		23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>3/8/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Mar. 9, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hills Garden</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>MAR 9 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ortmann F. Home</b>		ADDRESS <b>9222 Lackland</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 Al C. Ostmann

Licensed Embalmer No. 3478

P. O. Address \_\_\_\_\_

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.