

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008428

STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 312 Primary Registration District No. 500 Registrar's No. 294

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lemay 23, Mo.</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Lemay 23,</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>250 Baumann</u> | | Length of stay in lb <u>Since 1927 31 yrs.</u> | d. STREET ADDRESS <u>250 Baumann</u> |
| | | (If outside, give location) | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Julia</u> Middle <u>Sicking</u> Last | | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>31</u> Year <u>1958</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov. 6, 1896</u> | | 9. AGE (In years last birthday) <u>61</u> |
| | | | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. | IF UNDER 24 HRS. Hours <u>0</u> Min. | |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13. FATHER'S NAME <u>Frank Kress</u> | 14. MOTHER'S MAIDEN NAME <u>Unk.</u> |
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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) <u>no</u> <u>none</u> | 16. SOCIAL SECURITY NO. <u>Unk</u> | 17. INFORMANT <u>Lemay, Missouri</u> <u>Arthur A. Sicking 250 Baumann</u> |
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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Chronic</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Hypertension</u> | <u>Chronic</u> |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2520</u> |
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| 20c. TIME OF INJURY Hour <u>7:15</u> Month <u>Jan</u> Day <u>31</u> Year <u>58</u> a. m. <u>a.m.</u> p. m. | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>St. Louis</u> | COUNTY <u>Mo.</u> | STATE <u>Mo.</u> |
|---|---|--|----------------------|---------------------|

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|--|---|--|----------------------|---------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>St. Louis</u> | COUNTY <u>Mo.</u> | STATE <u>Mo.</u> |
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| 21. I attended the deceased from <u>Feb 13, 58</u> to <u>Jan 31, 58</u> and last saw her alive on <u>Jan 24, 58</u> Death occurred at <u>7:15 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>Ray C. Dwyer M.D.</u> (Degree or title) | 22b. ADDRESS <u>770 N. Young Ave</u> | 22c. DATE SIGNED <u>1/31/58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>2-3-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul</u> | 23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u> | (State) |
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| 24. FUNERAL DIRECTOR <u>Southern Funeral Home</u> <u>6322 S. Grand, St. Louis, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>1-31-58</u> | 26. REGISTRAR'S SIGNATURE <u>Herbert B. Dumblehd</u> |
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no instance. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....
Signature of Student Embalmer

Signed.....
David Van Fossen

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be, so stated above.