

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004061

FILED VS FEB 5 1960 XC-21 200 295 SL 21574

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2** **814** STATE FILE NUMBER **60-004061**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Length of stay in 1b 65 days	c. CITY OR TOWN GERALD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JULIUS Middle J. Last SICKENDICK			4. DATE OF DEATH Month JANUARY Day 23 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/16/95	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ROAD MAINTAINANCE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) GERALD, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM SICKENDICK		13b. MOTHER'S MAIDEN NAME MARY VOGT		14. NAME OF HUSBAND OR WIFE MYRTLE SICKENDICK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 496-14-2397	17. INFORMANT Address Myrtle Sickendick, Gerald, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____ 4201	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

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 VAH, ST. LOUIS, MO.	COUNTY _____ STATE _____
21. attended the deceased from 11/19/59 to 1/23/60 and last saw her him alive on 1/23/60 Death occurred at 12:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>W. H. Meyer</i> (Degree or title)	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 1/23/60
23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE JAN. 25-1960	23c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S E. & R. Cemetery
24. FUNERAL DIRECTOR <i>W. H. Meyer</i>	25. DATE RECD. BY LOCAL REG. JAN 23 1960	26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley E. Thomas
Licensed Embalmer No. 4639
P. O. Address Summit St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.