

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b 73 Days	c. CITY OR TOWN Hazelwood
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 12565 Dorsett, Road.

3. NAME OF DECEASED (Type or print)	First Lena	Middle Louise	Last Sickbert	4. DATE OF DEATH	Month August	Day 11	Year 1960
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5. SEX Female	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 7/27/1909	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Edwardsville, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME Joseph Slemmer	13b. MOTHER'S MAIDEN NAME Marie Sedlacek	14. NAME OF HUSBAND OR WIFE Maurice
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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) No.	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT Maurice C. Sickbert, 12565 Dorsett, Rd.	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Fracture of Cervical Vertebra</i>		C - 4
DUE TO (b) <i>Hepatic Insufficiency.</i>		
DUE TO (c)		
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"/> N. <input checked="" type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>Suffered in auto accident in</i>
20c. TIME OF INJURY Hour Month, Day, Year 5 30 60 p.m.	<i>St. Louis County Mo., on May 30 1960</i>	
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.) <i>35 Broad</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis County Mo</i>

21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at *425 A* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Patrick E. Taylor</i>	(Degree or title) Coroner	22b. ADDRESS <i>1300 Clark Ave</i>	22c. DATE SIGNED <i>8-11-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-13-60	23c. NAME OF CEMETERY OR CREMATORY Woodlawn, Cemetery	23d. LOCATION (City, town, or county) (State) Edwardsville, Illinois
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24. FUNERAL DIRECTOR Lesley Marks, Edwardsville, Illinois.	ADDRESS	25. DATE RECD. BY LOCAL REG. AUG 12 1960	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 8 1961

SEP 5 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed John J. Hain

Licensed Embalmer No. 4108

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.