

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042892

AMENDED

Registration District No. **318**

**318**

Primary Registration District No. **1003**

**1003**

Registrar's No. **10887**

**10887**

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis City Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY  
c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **1214 So. 7th St.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print)

First **Edward** Middle **Sicking** Last

4. DATE OF DEATH Month **November** Day **22** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **5/16/1894** 9. AGE (last birthday) **67** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired - Wood Beel Worker** 10b. KIND OF BUSINESS OR INDUSTRY **Shoe Factory** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Minnie Sicking**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) **Yes WW I** 17. INFORMANT **Minnie Sicking, 1214 So. 7th St.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Subarachnoid Hemorrhage (non-Traumatic);**  
DUE TO (b) **Mycardial Hypertrophy;**  
DUE TO (c) **4222**  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **4222** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_ Death occurred at **7:15 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Helen L. Taylor, Coroner** 22b. ADDRESS **1300 Clark Ave** 22c. DATE SIGNED **11-22-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **11-21-61** 23c. NAME OF CEMETERY OR CREMATORY **New St. Marcus Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

24. FUNERAL DIRECTOR ADDRESS **Albert H. Hoppe, Inc., 4700 Washington Blvd.** 25. DATE RECD. BY LOCAL REG. **NOV 22 1961** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

BY DEATH

I hereby certify that the body of \_\_\_\_\_  
 deceased \_\_\_\_\_  
 was embalmed by me \_\_\_\_\_  
 on \_\_\_\_\_ at \_\_\_\_\_  
 in the city of \_\_\_\_\_  
 State of Missouri.  
 My commission expires \_\_\_\_\_  
 at \_\_\_\_\_  
 Missouri.  
 Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_  
 19\_\_\_\_.

**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 J. W. B. Embler  
 Licensed Embalmer No. 3653  
 P. O. Address St. Louis, Mo.

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.