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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32414

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 152

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town St Charles C[illegible]
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles 092 0
(c) City or town West Alton 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucy Sickman

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo. L. Sickman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 7th (Day) 1856 (Year)

8. AGE: Years 85 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Not Known (City, town, or county) Illinois (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Henry Rogers
(b) Address West Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ebenezer Cemetery St Charles County Mo

18. (a) Signature of funeral director [illegible]
(b) Address 326 N 6th St Charles Mo.

19. (a) 8-5-41 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1941, to Aug 4, 1941 that I last saw her alive on Aug 3, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uraemia.	3 day.
Due to Chronic Nepritis.	10 yrs.
Due to Gen Arterio Sclerosis	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature A P Erich Schulz (M. D. or other)
Address St Charles Mo. Date signed 8/6/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Arthur C Bruce

Licensed Embalmer No. 3155

P. O. Address St Charles Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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