

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3011 Lafayette Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL") 917  
(d) Street No. 3011 Lafayette Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day October  
year 1942 hour 2:00 minute P. M.  
21. I hereby certify that I attended the deceased from August  
20 1942 to Oct 13th 1942  
that I last saw him alive on Oct. 13 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral art. Thrombosis Duration 3 mo.  
Due to Atherosclerosis Cerebral  
arteries.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(4) Means of injury \_\_\_\_\_  
23. Signature John J. Hammond (M. D. or other) MD.  
Address 635 N. Grand Date signed 10/14/42

3. (a) PRINT FULL NAME Theodore C. Sichel

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. \*\*\*\*\*

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 22 1856  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>8</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business Self

12. Name Theodore Sichel

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Phillips

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Vici Rogers.

(b) Address 3011 Lafayette Ave

17. (a) Burial (b) Date thereof October 16 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) OCT 1 - 1942 (b) J. F. Brubaker  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

*Dr. Hammond  
Pro Theatre  
31-5080*

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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.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed *Frank J. Swann*  
Licensed Embalmer No. *1245*  
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 this body is not embalmed, fact should be so stated above.**