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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43844

FILED JAN 10 1944

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 2968

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town UNIVERSITY City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7536 AHERN AV. 1
(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 St. Louis 96

(c) City or town UNIVERSITY City
(If outside city or town limits, write "RURAL")

(d) Street No. 7536 AHERN, AV.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARYJANE STICKA

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2 WIDOW

6. (b) Name of husband or wife FRANK J. STICKA

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

7. Birth date of deceased SEPT (Month) 24. (Day) 1877 (Year)

8. AGE: Years 66 Months 3 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) NEW YORK, → 1 (State or foreign country)

10. Usual occupation NIL

11. Industry or business .....

FATHER
12. Name UNKNOWN GERMAINE
13. Birthplace (City, town, or county) UNKNOWN 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN.
15. Birthplace (City, town, or county) UNKNOWN 9 (State or foreign country)

16. (a) Informant Mr Walter Sticka
(b) Address 7536 Ahern av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 31 1943 (Month) (Day) (Year)
(c) Place: burial or cremation OLD S.S. PETER + PAUL

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av

19. (a) DEC 31 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature) 75

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1943 hour 11 minute 50 p.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1943 to December 26 1943 that I last saw her alive on December 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death general carcinomatosis	6 months
Due to carcinoma of gall bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca. of gallbladder c. metastasis in liver, mesentery abdominal coeli
Of autopsy 46

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 Dr Hermann Maas (M. D. or other) M.D.
Address 508 No Grand Date signed 12-29-43

(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 Jos B Vollmer.

Licensed Embalmer No. 4014

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.