S. No. 2
M—5-43
. 5-17-39
I X36671

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. 9456

FILED MAR 20 1944 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2306

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: 5711 Milentz 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 66 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis, 92 (If outside city or town limits, write "RURAL")
(d) Street No. 5711 Milentz Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Veronica Flora Sicking

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 Widow 2
6. (b) Name of husband or wife Joseph F. Sicking
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 27 (Day) 1878 (Year)

8. AGE: Years 66 Months 1 Days 10 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name Philip Herget
13. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

MOTHER
14. Maiden name Anna Pasak
15. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

16. (a) Informant Joseph A. Sicking
(b) Address 5711 Milentz Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul
18. (a) Signature of funeral director Wm. C. Mozdell
(b) Address 1926 Allen Ave.
19. (a) MAR 9 1944 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 7 year 1944 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Jan 25 1944 to Mar 7 1944 that I last saw her alive on Mar 7 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia (Hemorrhagic Cortex)	1 day
Arteriosclerosis	2 years
Due to	
Due to	
Other conditions Mitral Stenosis (Include pregnancy within 3 months of death)	2 years

Major findings: Of operations none
Of autopsy none

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 0

23. Signature W. Salisbury (M. D.)
Address 3258 Lafayette Date signed 3/8/44

(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 Me

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

working under my personal supervision.

Signed D. M. David

Licensed Embalmer No. 3741

P. O. Address 1926 Allen Ave.

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.