

No. 2  
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P 1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 20 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23829**  
Registrar's No. **7857**

Registration District No. **318** Primary Registration District No. **1000**

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community Life time.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4944 Lindell Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William Arthur Stickney  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Sarah C. Stickney  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 23, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 3 14 hr. min.

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

10. Usual occupation Stock Broker,

11. Industry or business A. G. Edwards Co.,

MOTHER FATHER  
12. Name William A. Stickney,  
13. Birthplace Massachusetts  
(City, town, or county) (State or foreign country)  
14. Maiden name Millie M. Taylor  
15. Birthplace Covington, Kentucky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. J. Willis

(b) Address St. Louis Country Club Grounds

17. (a) Burial (b) Date thereof 9/13/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) SEP 12 1944 (b) J. J. Bredenk  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12th  
year 1944 hour 2 minute 25 A.M.

21. I hereby certify that I attended the deceased from  
September 9th, 1944, to September 12th, 1944;  
that I last saw him alive on September 12th, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral hemorrhage  
Due to Hypertensive Cardio-vascular disease  
Due to.....

Other conditions.  
(Include pregnancy within 3 months of death) 93

Major findings:  
Of operations.....  
Of autopsy Confirms above

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

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify).....  
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 J. J. Bredenk (M. D. or other)  
Address BARNES HOSPITAL Date signed 9/13/44

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

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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 *Neville B. Frohwitter*.....

Licensed Embalmer No. *3696*.....

P. O. Address *4161 Lindell.*.....

**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.**