

FILED AUG 11 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. 22574

Registration District No. 318

Primary Registration District No. L 1003

Registrar's No. 6899

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:
CHILDRENS HOSP. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 DAYS
(Specify whether years, months or days)

In this community 20 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON ⁹⁹⁹

(c) City or town MADISON
(If outside city or town limits, write "RURAL") ^{NR}

(d) Street No. 416 EWING
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) ²

If yes, name country _____

3. (a) PRINT FULL NAME SIKORA, THERESA

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6
year 45 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from 7
17, 1945, to 8-6, 1945;

that I last saw her alive on 8-6, 1945;
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JULY 5 1931
(Month) (Day) (Year)

Immediate cause of death:
? sub-acute yellow atrophy of liver

Due to Unknown cause

8. AGE: Years Months Days If less than one day

14 1 1 _____ hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

9. Birthplace HARTSHORN OKLA. 1
(City, town, or county) (State or foreign country)

10. Usual occupation AT SCHOOL

11. Industry or business _____

12. Name STEVE SIKORA

13. Birthplace HARTSHORN OKLA. 1
(City, town, or county) (State or foreign country)

14. Maiden name ANNA WAISHINKO

15. Birthplace HARTSHORN OKLA. 1
(City, town, or county) (State or foreign country)

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 plane) _____

While at work? _____ (e) Means of injury _____

16. (a) Informant Steve Sikora

(b) Address Madison Illinois

17. (a) REMOVAL (b) Date thereof AUG 6-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Ill

18. (a) Signature of funeral director Francis J. Salyer

(b) Address Madison Ill

19. (a) AUG 6 1945 (b) J. F. Bedeck
(Date of local registrar) (Registrar's signature)

23. Signature Gilbert B. Fisher (M. D. or other) _____

Address 500 So. Kraighway Date signed _____

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

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MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Francis J. Seley

Licensed Embalmer No. 2792

P. O. Address Madison Illinois

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.