

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **39794**
Registrar's No. **10753**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution: Barnes Hospital
(d) Length of stay: In hospital or institution 39 days
In this community _____
years, months or days

3. (a) PRINT FULL NAME William E. Sichling
3. (b) If veteran, name war Nil 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Augusta 6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased October 19 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business C. & E. I. Railroad

MOTHER FATHER

12. Name Joseph Sichling

13. Birthplace Mill Creek Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Ida Ledbetter

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

16. (a) Informant Harry Sichling
(b) Address Ullin, Ill.

17. (a) Removal (b) Date thereof 12-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ullin, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) DEC 20 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 7
year 45 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from 10-30 1945 to 12-7 1945
that I last saw him alive on 12-7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myxine hemoptysis T.B.

Due to _____
Due to Lung abscess

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: * Of operations 13/10
Of autopsy _____

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) (e) Means of injury _____
23. Signature J. F. Bredeck (M. D. optional)
Address Barnes Hospital Date signed 12-7-45

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

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

APR 25 1950

JAN 21 1948

DEC 27 1945

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..... *Elmer R. Padwell*

Licensed Embalmer No.....

P. O. Address.....

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..