

No. 2  
-12-45  
-17-39  
X47070

39098

State File No. \_\_\_\_\_

FILED DEC 2 1946 318

1003

Registrar's No. 9969

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

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

Name of hospital or institution: Missouri Pacific Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town University City

(d) Street No. 7406 Canton (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sickel, Louis Jacob

3. (b) If veteran, name war ✓

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 46 hour 11 minute 30 p.M.

21. I hereby certify that I attended the deceased from Nov 16, 1946, to Nov 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Strangulated right inguinal hernia

Duration 7 days

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Eleanor

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 10 1874

(Month) (Day) (Year)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Degenerative heart disease

(Include pregnancy within 3 months of death)

Major findings: Atherosclerosis

Of operations: Strangulated right inguinal hernia

Of autopsy \_\_\_\_\_

8. AGE: Years 72 Months 10 Days 10 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation General Freight Agent

11. Industry of business Missouri Pacific R.R.

12. Name Theodore Sickel

13. Birthplace Germany

(City, town, or county) (State or foreign country)

14. Maiden name Philippa

15. Birthplace Holland

(City, town, or county) (State or foreign country)

16. (a) Informant Eleanor Sickel

(b) Address 7406 Canton

17. (a) Burial (b) Date thereof 11-23-46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Wm. H. Stuart

(b) Address 1225 Union Blvd

19. (a) NOV 22 1946 (Date received local registrar)

J. F. Bredek (Registrar's signature)

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)

Means of injury \_\_\_\_\_

23. Signature Vincent A. Sherrill (M. D. or other)

Address Mo. Pac. Hosp. Date signed 11-20-46

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

MOTHER FATHER

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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..... *John S. Dennehy*

Licensed Embalmer No..... *4194*

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.**