

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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21340

FILED JUN 21 1948

State File No.

5294

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's 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)

(c) Name of hospital or institution: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks 4 days
(Specify whether)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**

(c) City or town Lemay **0**
(If outside city or town limits, write "RURAL")

(d) Street No. 327 West Felton **0**
(If rural, give location) **K.R.**

(e) Citizen of foreign country? No (Yes or No) **1**

If yes, name country.....

3. (a) PRINT FULL NAME ARTHUR W. SICKMEYER

3. (b) If veteran, name war No

3. (c) Social Security No. Yes but not avail

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Goldie

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 23, 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>10</u>	<u>15</u>	hr. min.

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

10. Usual occupation Stationary Engineer

11. Industry or business

12. Name Edwin Sickmeyer

13. Birthplace Chester, Illinois (?)
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Heitkamp

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

16. (a) Informant Mrs. Arthur Sickmeyer

(b) Address 327 West Felton Lemay 23, Mo.

17. (a) Burial (b) Date thereof 6/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director C. Hoffmeister U&L Co.

(b) Address 7814 South Broadway St. Louis II

19. (a) JUN 10 1948 J. F. Br...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1948 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from May 10th 1948, 1948 to June 8 - 48, 1948.
that I last saw him alive on 6-8-48, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension heart
Repletic chr.

Due to Arterio sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/1

Of autopsy

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 a farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signatures W. E. Eder (M. D. or other)

Address 1608 S. Broadway Date signed 6/12/48

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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address. *7814 S. Beach*

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.