

FILED MAR 5 1949

STANDARD CERTIFICATE OF DEATH

310

1003

State File No. **6311**  
Registrar's No. **1573**

BIRTH NO. <b>49-010321</b>		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. STREET ADDRESS <b>5095 Page Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Vincent De Paul Hosp</b>				d. STREET ADDRESS (If rural, give location) <b>5095 Page Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sandie</b>		b. (Middle) <b>Lyn</b>		c. (Last) <b>Ice</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 17- 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>2-17-49</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Kenneth R. Ice, Jr.</b>		13b. MOTHER'S MAIDEN NAME <b>Iola Midyett</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Kenneth R. Ice Jr.</b> ADDRESS <b>5095 Page Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature birth</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature separation of the placenta</b> DUE TO (c) <b>No cause determined</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>18 hours</b> <b>24 hours</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>None made</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <b>St. Louis</b> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Joseph Davie M.D.</b> (Degree or title)				23b. ADDRESS <b>906 Olive St.</b>		23c. DATE SIGNED <b>2-18-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 18, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cem.</b>	24d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b> (State)			
DATE REC'D BY LOCAL REG. <b>FEB 18 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Keated</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. W. Clark</b> ADDRESS <b>1125 Hodiamont Ave.</b>			

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

Dr. Joseph Davle  
Frisco Bldg.  
2-5 P/M.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Alfred J. Dredelken  
Licensed Embalmer No. 2663

Signed \_\_\_\_\_  
Student Embalmer

No. Embalming

P. O. Address 1125 Hodiament Ave.

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.