No. 300
10.48

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11099
State File No. 2088

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4616 Lindell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 19
d. STREET ADDRESS (If rural, give location): 19 – 4616 Lindell

3. NAME OF DECEASED (Type or Print)
a. (First): Morton
b. (Middle): B.
c. (Last): Sicher

4. DATE OF DEATH (Month) (Day) (Year): 3/3 1950

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct 16, 1897
9. AGE (In years last birthday): 52 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Dresses
11. BIRTHPLACE (State or foreign country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY?: O

13a. FATHER'S NAME: Henry Sicher
13b. MOTHER'S MAIDEN NAME: —
14. NAME OF HUSBAND OR WIFE: Ruth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): 1 + 2 not
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Morton Sicher — ADDRESS: 4616 Lindell

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Squamous Carcinoma Buccal Mucosa with cervical metastasis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ✓
DUE TO (c): ✓
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

INTERVAL BETWEEN ONSET AND DEATH: 7 mos.

19a. DATE OF OPERATION: 11/28/49
19b. MAJOR FINDINGS OF OPERATION: as 1(a)
20. AUTOPSY? YES ☐ NO ☒

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) (COUNTY) (STATE): 144X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ✓ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 16, 1949, *to* March 3, 1950, *that I last saw the deceased alive on* March 2, 1950, *and that death occurred at* 4:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Lewis H Jorstad (Degree or title): M.D.
23b. ADDRESS: 3720 Washington St Louis
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial A
24b. DATE: 3/5/50
24c. NAME OF CEMETERY OR CREMATORY: Mt Sinai
24d. LOCATION (City, town, or county) (State): St Louis Co.

DATE REC'D BY LOCAL REG.: MAR 4 1950
REGISTRAR'S SIGNATURE: J. B. Lacater
25. FUNERAL DIRECTOR'S SIGNATURE: Mayer — ADDRESS: 4356 Lindell

(Licensed Embalmer's Statement on Reverse Side)

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~~ Me

....., Student Embalmer No. .....,

working under my personal supervision.

Signed Ellsworth Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.