

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27676

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 128

362

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u> <u>0371</u>	
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>208 E. Third St</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HILDA</u> b. (Middle) <u>SICHT</u> c. (Last) <u>SICHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23 1952</u>		
----------------------------------------------------------------------------------------------------------------	--	--	----------------------------------------------------------	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 4 1894</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 Hrs. Hours _____ Mins. _____
----------------------	-------------------------------	-----------------------------------------------------------------------	-------------------------------------	-------------------------------------------	-----------------------------------------	------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hermann, Mo</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
--------------------------------------------------------------------------------------------------------------	----------------------------------------------------	--------------------------------------------------------------------------------	----------------------------------------

13a. FATHER'S NAME <u>Robert Schaumberg</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Glaser</u>	14. NAME OF HUSBAND OR WIFE <u>August Sicht</u>
---------------------------------------------	------------------------------------------------	-------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Aug. W. Sicht, Hermann, Mo</u> ADDRESS _____
--------------------------------------------------------------------------------------------------------------------	-------------------------------------	-----------------------------------------------------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cardio-Renal Vascular Disease</u> <u>Acute Nephritis & Nephrosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs plus 3 weeks</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	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) (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 July 31, 1952, to Aug 23, 1952, that I last saw the deceased alive on Aug. 23, 1952, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John P. Ryan D. M.D.</u> (Degree or title)	23b. ADDRESS <u>Hermann Mo</u>	23c. DATE SIGNED <u>8-25-52</u>
--------------------------------------------------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hermann City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermann, Mo</u>
---------------------------------------------------------	--------------------------	-----------------------------------------------------------------	------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>Aug. 26, 1952</u>	REGISTRAR'S SIGNATURE <u>F. J. Steinhilber</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>August H. Lincee</u> ADDRESS <u>Hermann, Mo</u>
-----------------------------------------------	------------------------------------------------	-------------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

APR 2 8 153m

MAY 1 5 1961

STATEMENT BY LICENSED EMBALMER

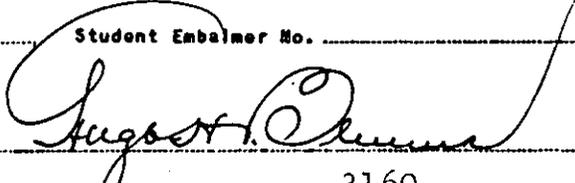
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer _____

Signed _____



Licensed Embalmer No. 3160

P. O. Address Hermann, 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.