

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26896

FILED JUL 31 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6721

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (In this place) <u>13 yr. 4 mos. & 17 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>18 4199 a Manchester</u>	
---	--	--	--

3. NAME OF DECEASED (Type or Print) <u>THERESA</u>	a. (First) _____ b. (Middle) _____ c. (Last) <u>SICHELSTIEL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 6 1953</u>
--	---	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Nov. 25, 1874</u>	9. AGE (In years last birthday) <u>78</u>	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) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>INDIANA POLIS, INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>John Aickermann</u>	13b. MOTHER'S MAIDEN NAME <u>Veronica Stubbs</u>	14. NAME OF HUSBAND OR WIFE <u>Widow of Aloysius Sichelstiel</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 ADDRESS <u>GEORGE SICHELSTIEL 5922 PARK LANE.</u>
--	---	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> 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.	INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
--	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>450.0</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 2/22, 1950, to 7/6, 1953, that I last saw the deceased alive on 7/6, 1953, and that death occurred at 10:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George Esker M.D.</u>	23b. ADDRESS <u>5600 Arsenal St.</u>	23c. DATE SIGNED <u>7/6/53</u>
---	--	--

24a. BURIAL CREMATION (REMOVAL)	24b. DATE <u>JULY 9, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S S PETER + PAUL</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>
--	---	--	--

DATE REC'D BY LOCAL <u>JUL 7 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Robert & H. Co. 1905 So. GRAND BLVD.</u>
---	--	--

mfb (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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 _____

Ronald O. Yohinke

Licensed Embalmer No. _____

3917

P. O. Address _____

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.