

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28344

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
No. **6150 West Park av**

File No.....
Registered No. **7857**
St. Ward)

2. FULL NAME

(a) Residence. No. **6150 West Park** St., **4** Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred **55** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Katharine Fickey**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 25th 1887**

7. AGE YEARS **75** MONTHS **9** DAYS **7** IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Stationary Fireman** (b) General nature of industry, business, or establishment in which employed (or employer) **retired 9 months** (c) Name of employer **St. Louis Fire Dept**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

10. NAME OF FATHER **Martin Fickey**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **England**

14. INFORMANT (Address) **Luke Fickey 6150 W. Park av**

15. FILED **SEP -3 1927** REGISTERED **Max G. Starbuck**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 2 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 20 9:00 AM**, 1927, to **Sept 25 10:00 AM**, 1927, that I last saw him alive on **Sept 21 1927**, and that death occurred, on the date stated above, at **10:30 AM**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rhonic Myocarditis (duration) yrs. mos. ds. **9013 930 1927**

CONTRIBUTORY (SECONDARY) **Arteriosclerosis** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS. (Signed) **R. Brent Murphy**, M. D. **Sept 2, 1927** (Address) **6120 Victoria Ave**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cemetery** DATE OF BURIAL **Sept 5th 1927**

20. UNDERTAKER **Kriegshausen and Co** ADDRESS **4104 Manchester Ave**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

