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

Do not use this space.

29363

**1. PLACE OF DEATH**

County St. Louis, Registration District No. 1123

Township Carondelet, Primary Registration District No. 6248 B, File No.

City Jefferson Barracks, Mo. No. U.S. Veterans Hospital, Jefferson Barracks, Mo. Ward) Registered No. 328

**2. FULL NAME** William P. Wick

(a) Residence, No. 2626-A Rutger Str., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Louise Wick.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1892

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 39 | 0 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.

10. Date deceased last worked at this occupation (month and year) Unavailable.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri.

FATHER

13. NAME Unavailable.

14. BIRTHPLACE (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

MOTHER

15. MAIDEN NAME Unavailable.

16. BIRTHPLACE (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

17. INFORMANT S. L. Fiskins
(ADDRESS) Silas, L. Fiskins, Acting Clinical Director, U.S. Veterans Hospital.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National DATE Sept 2, 1931

19. UNDERTAKER C. Hoffmeister Undertaker
(ADDRESS) 7814 S. Broadway

20. FILED Sept 1, 1931 L. C. Chook
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1930, 19..., to August 29, 1931, 19... I last saw him alive on August 29, 1931, 19... Death is said to have occurred on the date stated above, at 7 35 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis, Pulmonary, Chr. | |
| Far Advanced. Active. | |
| 23A | |

Other contributory causes of importance:

Name of operation - - - - - - Date of

What test confirmed diagnosis? Physical, X-Ray & Laboratory findings. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Smith, Acting Medical Officer M.D.

(Address) In Charge U.S. Veterans Hospital, Jefferson Barracks, Mo.