

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

Do not use this space.

1. PLACE OF DEATH

95 County St. Louis Registration District No. 780 File No. 2971
 1 Township Primary Registration District No. 4466 Registered No. 5
 4 City St. Ann (No. St. Ward)

2. FULL NAME

Norman Hale Wickenmeyer
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 19 1932</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>26</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation <u>15</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>St. Ann</u> (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER	13. NAME <u>John C. Wickenmeyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Des Moines</u> (STATE OR COUNTRY) <u>Iowa</u>	
	15. MAIDEN NAME <u>Helma Reese</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>St. Ann</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Mrs. Helma Wickenmeyer</u> (ADDRESS) <u>St. Ann, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Ann</u> DATE <u>Jan 15 1933</u>		
19. UNDERTAKER <u>Geo. E. Bachler</u> (ADDRESS) <u>St. Ann, Missouri</u>		
20. FILED <u>Jan 15 1933</u> <u>T. W. Douglas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 19 1932 to Jan 14 1933
 I last saw him alive on Jan 14 1933 Death is said to have occurred on the date stated above, at 8:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Premature Birth
Patent Ductus Arteriosus
 Other contributory causes of importance:
Inanition

Name of operation None Date of ✓
 What test confirmed diagnosis? Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None 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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Irresponsible
 (Signed) [Signature] M. D.
 (Address) St. Ann, Missouri

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

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.

