

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.

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

Do not use this space.

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1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1007
 City St. Louis (No. 4428 Mo Pherson St. Ward)

File No.....
 Registered No. 228
 St. Ward)

2. FULL NAME

Edwin P. Wickersham
 (a) Residence, No. 4428 Mo Pherson St. 19 Ward.
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|--|---|--|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary S. Wickersham</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 14 - 1865</u> | | | | |
| 7. AGE | YEARS <u>67</u> | MONTHS <u>3</u> | DAYS <u>20</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rockier Co</u> | | | |
| | 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation. | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from at 1, 1933, to Jan 4, 1933.
 I last saw him alive on Jan, 1933. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
acute obstruction of heart
11B
CASE
11B
 Other contributory causes of importance: acute suppurative

| | |
|---|---|
| MOTHER FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u> |
| | 13. NAME <u>N. W. Wickersham</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> |
| | 15. MAIDEN NAME <u>Janet Ross</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> |
| | 17. INFORMANT (ADDRESS) <u>Mary S. Wickersham</u> <u>4428 Mo Pherson St</u> |
| 18. BURIAL, CREMATION, OR REMOVAL | PLACE <u>Wesleyan</u> |
| | DATE <u>Jan 7</u> , 19 <u>33</u> |
| 19. UNDERTAKER (ADDRESS) <u>Wesleyan</u> | |
| 20. FILED <u>JAN 7 1933</u> | |

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Louis H. Behrens, M. D.
 (Address) 102 20 Broadway

Registrar.

