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.

MAY 7 1936

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

791
1003

Do not use this space.

17641

File No.
Registered No. 4424

1. PLACE OF DEATH

County
Township
City St. Louis Mo. (No. Springer's Hosp. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Russell Wickens

(a) Residence, No. St., N.R. Ward. Versailles, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 8, 1927

7. AGE: Years 8 | Months 9 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Osborn Mo.

FATHER

13. NAME: Lewis Wickens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denver Colo.

MOTHER

15. MAIDEN NAME: Agnes Ramsdale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): San Diego Calif.

17. INFORMANT (ADDRESS): Lewis Wickens Versailles Mo.

18. BURIAL, CREMATION, OR REMOVAL: Cremation
PLACE Valhalla Cemetery DATE April 23, 1936

19. UNDERTAKER (ADDRESS): A. Kern L. & E. Co. 2707 Gravois Blvd.

20. FILED APR 23 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1936, to April 23, 1936
I last saw him alive on April 23, 1936. Death is said to have occurred on the date stated above, at 4:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Spine	1929
Other contributory causes of importance: Tuberculous Meningitis	March 1936

Name of operation none Date of
What test confirmed diagnosis? Cisternal Puncture Was there an autopsy? Yes

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. Crego Jr., M. D.
(Address) Springer Hospital
710 S. Kingshighway