

REC'D MAY 10 1938

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

12684

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City, **ST. LOUIS** (d) Street No. **ST. LUKE'S Hospital** Registered No. **3288**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **MARGARET A WICKETT 286**

(a) Residence, No. **569 OLIVE COURT WEBSTER GROVES N.R.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 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) **MAY 6 1858**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **AT HOME**
9. Industry or business in which work was done, as 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) **RICHMOND IN D**

FATHER 13. NAME **BENJ WICKETT**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ENGLAND**

MOTHER 15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

17. INFORMANT (ADDRESS) **Russell Perkins 569 Olive Court**

18. BURIAL, CREMATION, OR REMOVAL PLACE **RICHMOND, IN D** DATE **APR. 8 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Parker and Co Webster Groves Mo**

20. FILED **APR 7 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/7/38** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **March 27th** 19**38**, to **April 7** 19**38**
I last saw her alive on **April 6** 19**38** Death is said to have occurred on the date stated above, at **9:10 A.M.**
The principal cause of death and related causes of importance were as follows:

Paranasal Sclerositis with Corrosive Thrombosis Date of onset **4/3/38**

Other contributory causes of importance:

Pulmonary Edema **946** Date **4/3/38**

Name of operation **None** Date of
What test confirmed diagnosis **X-ray EKG** Where 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? **No**
If so, specify (Signed) **H. H. Anderson**, M. D.
(Address) **17 E. Webster**

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.

STATEMENT BY LICENSED EMBALMER

I, e. c. Aldrich , Licensed Embalmer No. 1332

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed e. c. Aldrich

Licensed Embalmer No. 1332

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)