

REC'D JUN 9 1938

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

Do not use this space.

16341

191
1008

1. PLACE OF DEATH

County Registration District No.
Towship Primary Registration District No.
City St. Louis (No. Alexian Brothers Hospital) St. Ward

File No.
Registered No. 4202

2. FULL NAME Russell Lick Field

(a) Residence, No. 4625 Louisiana Ave. St. 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 19 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 11 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, clerk in law office, 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.....

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

MOTHER FATHER
13. NAME Otis A Lickfield

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

MOTHER FATHER
15. MAIDEN NAME Alma Aeby

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Otis Lickfield (ADDRESS) 4625 Louisiana Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE May 9 1938

19. UNDERTAKER Wm. Schumacher (ADDRESS) 3013 L'ereamec St.

20. FILED BY J. D. Braddock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/6/38, 19, to 5/6/38, 19. I last saw him alive on 5/6/38, 19. Death is said to have occurred on the date stated above, at 6:00 am.

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

Diabetes mellitus
Bronchitis Pneumonia 5/5/38

Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify (Signed) Robert Kelly, M. D.
(Address) 554 S. D. Grand

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.

I hereby certify that the body whose name is recorded on the
Reverse side of this certificate was embalmed by me Fred W. Wettig

Signed

Fred W. Wettig

License NO 1534