

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.

1938

REC'D JUL 7 1938

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

22918
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis, Co. Registration District No. 7886
 (b) Township Normandy Primary Registration District No. 200 Registered No. 972
 (c) City Overland Overland (d) Street No. 2707 Woodson, Road. St.
 (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 LORIAN V. VICKERS.
 (a) Residence, No. 2707 Woodson, Road. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olive B. Vickers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10th 1854

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	84	3	24	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired mail
 9. Industry or business in which work was done, as saw mill, bank, etc. clerk R.R.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) London, (STATE OR COUNTRY) Ohio

FATHER
 13. NAME Nathan C. Vickers
 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ohio

MOTHER
 15. MAIDEN NAME Sarah McDonald
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ohio

17. INFORMANT Olive B. Vickers (ADDRESS) 2707 Woodson, Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem. DATE June 7th 1938

19. FUNERAL DIRECTOR (NAME) C. R. Lupton & Sons (ADDRESS) 4449 Olive, St. St. Louis, Mo.

20. FILE JUN 4 1938 DR Meyer M. D. V. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2 1938 to June 4 1938
 I last saw him alive on June 3 1938. Death is said to have occurred on the date stated above, at 12:45 PM
 The principal cause of death and related causes of importance were as follows:

<u>Arterio-sclerosis</u> <u>Acute bronchopneumonia</u>	<u>2</u> <u>2 day</u>	Date of onset
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Other contributory causes of importance: 10/16

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical signs Was there 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) John O. Smith M. D.
 (Address) 40300 Lackland Rd. Overland, Mo.

Mr. J. O'Connell
10 3000 Greenland Rd

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

J. T. Lupton

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

J. T. Lupton

Licensed Embalmer No.

2122

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.