

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

9543  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 397  
(b) Township Rau Primary Registration District No. 1002 Registered No. 1149  
(c) City Lancaster city (d) Street No. 3730 Wyoming 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. 4 mos. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 365 Mrs. Mable C. Storms St.  St. Paul Minn.  
(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 <u>Female</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>Charles H. Storms</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26, 1872</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>8</u>
	DAY <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>at home</u>	
	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) <u>Council Bluffs Iowa</u>		
FATHER	13. NAME <u>Arthur Geo. Wickens</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
MOTHER	15. MAIDEN NAME <u>Mary Eliza Newton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT (ADDRESS) <u>Chas. H. Storms St. Paul Minn.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremation</u> DATE <u>Mar 15 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>A. H. Newcomer's Son Brushcreek + Paolo</u>		
20. FILED <u>Mar 14 1939 M. M. Brown</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1939

22. I HEREBY CERTIFY that I attended deceased from St. Paul, Minn. to St. Paul, Minn., 1939.  
I last saw him alive on March 11, 1939, 1939. Death is said to have occurred on the date stated above, at 11 A. M.  
The principal cause of death and related causes of importance were as follows:  
Ulcerative athero-sclerosis of the aorta  
Including thrombosis of the abdominal aorta  
Beginning gangrene of lower extremities Date of onset 990

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 \_\_\_\_\_, 1939  
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) Carl H. Richter, M. D.  
(Address) St. Paul, Minn.

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**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, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

*Lawrence Carr*

Licensed Embalmer No. *4031* .....

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.**