

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FORM 2-17-39  
U.S. GOVERNMENT PRINTING OFFICE

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.

JUL 12 1939 791  
1003

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **5615**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis

(c) Name of hospital or institution: 4360a Papin St.  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

In this community 50 Yrs.  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Mary M. Fick 250

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Late Fred Fick

6. (c) Age of husband or wife if alive 31 years 1869

7. Birth date of deceased May 31 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70	0	24	hr. min.
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9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Michael Weller

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Kunz

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl Fick

(b) Address 4360a Papin St.

17. (a) Burial (b) Date thereof 6-26-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) JUN 26 1939 (b) J. D. Buder  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 18  
(If outside city or town limits, write "RURAL")

(d) Street No. 4360a Papin St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1939 hour 1:05 minute A.M.

21. I hereby certify that I attended the deceased from Oct 1  
1939 to June 24, 1939  
that I last saw her alive on 6-24, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction 172  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Thromboplegic caused  
(Include pregnancy within 3 months of death)

Major findings: by arterio sclerosis

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature M. F. Sheets (M. D. or other) \_\_\_\_\_  
(Specify type of place) (Means of injury)

Address 4360 Papin St. Date signed \_\_\_\_\_

Dr. H.E. Sheets  
4300A Manchester Ave  
8-9 - 12-5-2

**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 Reinhold H. Lohman

Licensed Embalmer No. 3395

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.