

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

**26058**  
Do not use this space.

**DEAD AUG 1 1939**

**1. PLACE OF DEATH**

(a) County Laclede <sup>3</sup> Registration District No. 449  
 (b) Township Sp. 9. Hollow <sup>1</sup> Primary Registration District No. 5613 Registered No. ....  
 (c) City ..... (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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** Lewis G. Wickes,

(a) Residence, No. 3818a Botanical Ave. St.  St. Louis, Mo.  
 (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 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) Nov. 16, 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
21 8 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Roofing  
 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) St. Louis, Mo.

FATHER 13. NAME Frank C. Wickes,

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

MOTHER 15. MAIDEN NAME Pearl DeFoe

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

17. INFORMANT Frank C. Wickes,  
 (ADDRESS) 3818a Botanical Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE 7/28/39 19.

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster  
 (ADDRESS) Clayton Rd. at Concordia Lane,  
Saint Louis, Mo.

20. FILED July 27, 1939 John C. Comb  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:25 P.M.  
 The principal cause of death and related causes of importance were as follows:

accidental drowning  
 Other contributory causes of importance: 153

Name of operation ..... Date of .....  
 What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 7/25, 1939

Where did injury occur? Bevier Sp. State Park  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at public swimming pool  
 Manner of injury Cramp while swimming  
 Nature of injury drowned

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify ..... (Signed) P. Thompson, M. D.

(Address) 4515

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.

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 7/22/89

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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.....

Licensed Embalmer No.....

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.