

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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
3 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D SEP 19 1939

29509

Do not use this space.

1. PLACE OF DEATH

(a) County Dallas
(b) Township Jasper Spg. Hollow
(c) City
(e) Length of residence in city or town where death occurred

Registration District No. 449
Primary Registration District No. 5613

Registered No.

(d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lewis Wicks

(a) Residence, No. 3848 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 M 4. COLOR OR RACE W 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) 11-16-1919

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as saw mill, bank, etc. S W B C Bolivar Mo.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1 Yr.

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

13. NAME Frank C. Wickes

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

15. MAIDEN NAME Pearl Weston

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

17. INFORMANT Edwards H. Brockhorst
(ADDRESS) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo. DATE July 27 1939

19. FUNERAL DIRECTOR Ambruster
(ADDRESS) St. Louis Mo.

20. FILED 7-26 19 39 J. A. McCoub
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 him alive on, 19, Death is said to have occurred on the date stated above, at 1.25Pm.

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

Accidental Drowning

Date of onset July 25

Other contributory causes of importance:

Name of operation none 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, 19

Where did injury occur? Public swimming place on a pier
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury accidental drowning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) P Ambruster M.D.

(Address) Metairie Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1223

Date Filed 9-13-39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed J. P. Palmer

Licensed Embalmer No. 2208

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.)