

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

NOV 13 1939  
Registration District No. 701

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

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: 1008

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

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4926 Lisette  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 54 years  
(years, months or days)

3. (a) PRINT FULL NAME John Wickey

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Helen Lee Wickey

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 2nd 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>0</u>	<u>5</u>	hr. _____ min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Automobile Mechanic

11. Industry or business Auto Repair Shop

12. Name Frank Wickey

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

14. Maiden name Mary Vlach

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

16. (a) Informant's own signature Helen L. Wickey

(b) Address 4926 Lisette

17. (a) Cremation (b) Date thereof Oct 9-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Henry H. Woodruff

(b) Address 8193 GRAVOIS AVE.

19. (a) Oct 8 1939 (b) J. P. Budek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 4926 Lisette  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th  
year 1939 hour 6 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1938, to Sept 7, 1939, that I last saw him alive on Sept 7, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of buccal mucous membrane

Duration 14 mos.

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Operation 9-2-38.  
Of operations Path. report - squamous cell carcinoma of buccal m. m.

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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Charles E. Edgett (M. D. or other) M.D.

Address 539 U. Grand Date signed 10/8/39

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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..... *Guy W Wilkinson*.....

Licensed Embalmer No..... *3575*.....

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.**