DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34280

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 8818

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 1

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

(d) Street No. 10200 Niblic Dr
(If rural, give location)

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

3. (a) PRINT FULL NAME Norma Licklider 243

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband ~~or wife~~ Solomon Licklider

6. (c) Age of husband ~~or wife if~~ alive 32 years

7. Birth date of deceased May - 5 - 1910
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
29	5	10	hr. min.

9. Birthplace Ellington (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House wife

11. Industry or business 0

FATHER
12. Name Linn Rayfield. 0
13. Birthplace Centerville (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Dorcus Hay Wood.
15. Birthplace Ellington (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Solomon Licklider
(b) Address 10200 Niblic Dr.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/18/39 (Month) (Day) (Year)
(c) Place: burial or cremation Cuba, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave

19. (a) OCT 16 1939 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1939 hour 10 45 pm minute M.

21. I hereby certify that I attended the deceased from 10/7/39, 19, to 10/15/39, 19;
that I last saw her alive on 10/15/39, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Edema	
Cerebral Embolism?	
Due to following Ruptured uterus in labor	
Hysterectomy for ruptured uterus	
Due to Intestinal obstruction	
Other conditions No malignancy (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1496
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Bernard W. Gerwitz (M. Dr. or other) 1
Address Metropolitan Bldg. St. Louis Date signed 10/15/39

(Licensed Embalmer's Statement on Reverse Side)

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.

MARGIN RESERVED FOR BINDING

50M-5-17-39 Rev. 5-17-39 I X19511

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. 1861

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.