

JAN 12 1940

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

41320
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 1003
(b) Township St. Louis, Mo. Primary Registration District No. 1003 Registered No. 10443
(c) City St. Louis, Mo. (d) Street No. Francis Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Willie D. Vicks

(a) Residence, No. Red Banks, Miss. St. NA (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Vicks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-20-1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>38</u>	<u>0</u>	<u>8</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fence gang, lab.

9. Industry or business in which work was done, as saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 1

11. Total time (years) spent in this occupation 1 mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

FATHER

13. NAME Lowry Vicks

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

MOTHER

15. MAIDEN NAME Ludie Malone

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

17. INFORMANT (ADDRESS) Brother in law, E.H. Groat, Blytheville, Ark. RFD 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Banks, Miss. DATE 11/29/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edith E. Ambruster, 4234 Manchester Ave.

20. DEC 6 1939 J. D. B. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28-1939

22. I HEREBY CERTIFY, That I attended deceased from 10-16-1939 to 11-28-1939

I last saw him alive on 11-28-1939 Death is said to have occurred on the date stated above, at 4:50 p.m.

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

Carcinoma of Mediastinum

Other contributory causes of importance: Pleural effusion

Name of operation Drainage of Pleural cavity Date of 11-28-39

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) [Signature], M. D.
(Address) 4960 Laclade, St. Louis, Mo.

K. 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.

10443

10443

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.....

Flornz Eymack

Licensed Embalmer No.....

1284

F. O. Address.....

St. Louis Mo

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.