

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4342**

1. PLACE OF DEATH:

(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:
Alexian Bros Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

8. (a) PRINT FULL NAME **Julius Fickter 236**

(b) If veteran, name war _____ (c) Social Security No. **489-05-0978**

4. Sex **Male** 6. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Mar**

6. (b) Name of husband or wife **Elizabeth Fickter** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **Apr. 10, 1881**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	1	3	hr. min.

9. Birthplace **Hungary**
(City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith**

11. Industry or business **Medart Pulley**

12. Name **Unknown**

18. Birthplace **Hungary**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs E. Fickter**

(b) Address **Route 8 - Lemay, Mo**

17. (a) **Burial** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Assumption Sem. Mo**

18. (a) Signature of funeral director _____

(b) Address **6322 S. Grand**

19. (a) **MAY 15 1940**
(Date received local registrar) (Registrar's signature) **J. F. Radtch**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
 (c) City or town **Lemay** **NR**
(If outside city or town limit, write "RURAL")
 (d) Street No. **Route 8**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13th**
 year **1940** hour **4:45** minute **0** M.

21. I hereby certify that I attended the deceased from **April 12, 1940** to **May 13, 1940**
 that I last saw him alive on **May 13, 1940**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
 Due to **Chronic Myocarditis** **10 yrs**

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 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)
 Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 Mean of injury _____

23. Signature _____ (M. D. or other) **MDO**
 Address **3548 S. Grand** Date signed **5/15/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Weinsberg
2:30
3548 S Grand

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 Virgil L. Berryman
Licensed Embalmer No. 4018
P. 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.