

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33942

State File No.

Registration District

791

Primary Registration District No.

1003

Registrar's No.

8674

## 1. PLACE OF DEATH:

- (a) County St. Louis Mo  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 62 days (Specify whether  
In this community 26 years  
years, months or days)

8. (a) PRINT FULL NAME Thomas Allen Ficklin

8. (b) If veteran, name war no 8. (c) Social Security No. govt. employee

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ella C. Ficklin 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased December 8 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 10 11 hr. min.

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

10. Usual occupation Internal Revenue Agent

11. Industry or business Income Tax

- MOTHER FATHER { 12. Name Joseph Ficklin  
18. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Penelope Terrill  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ella C. Ficklin  
(b) Address 4559 Evans Ave.

17. (a) removal (b) Date thereof 10/21/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director Alexander & Sons  
(b) Address 6175 Delmar Blvd.

19. (a) OCT 20 1940 (b) J. F. Bradish  
(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. 4559 Evans (If rural, give location)  
(e) If foreign born, how long in U. S. A? years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19  
year 1940 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug. 17, 1940, to Oct 19, 1940;  
that I last saw him alive on Oct 19, 1940;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral hemorrhage Duration

Due to Hypertension + Arteriosclerosis

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy As above

## 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature F. R. Bradley (M. D. or other)  
Address BARNES HOSPITAL Date signed

**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 Jos. E. McCulloch

Licensed Embalmer No. 2461

P. O. Address 6175 Drennan

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**