No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40684

Registration District No. 791 - Primary Registration District No. 1003

Registrar's No. 10455

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: 5381 Queens Ave. 2
(If not in hospital or institution, write street number or location)

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

In this community

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. 5381 Queens Ave. 7
(If rural, give location)

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

3. (a) PRINT FULL NAME Dr. Albert Ernst Fick

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Agnes Fick

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Sept. 20th, 1888
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	2	29	hr. min.

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

10. Usual occupation Dentist 6

11. Industry or business 6

MOTHER FATHER

12. Name August Fick

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

14. Maiden name Louise Storck

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

16. (a) Informant Mrs. Agnes Fick

(b) Address 5381 Queens Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 20 1940 (Date received by local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th year 1940 hour 5 minute 05 A. M.

21. I hereby certify that I attended the deceased from Nov 12, 1940, to Dec 19, 1940, that I last saw him alive on Dec 18th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of Liver	Over 4 years
Due to	
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)

(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 Peter Fick M.D. (M. D. or other)

Address 4701 St Louis Ave Date signed 12/20/40

(Licensed Embalmer's Statement on Reverse Side)

4700 St Louis

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 Warren A. Carver

Licensed Embalmer No. 353 K

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.