. S. No. 2
OM—5-42
ev. 5-17-39
I, X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36017

Registrar's No. 9242

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: St. Lukes Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Marion 11 NR
(c) City or town Salem 1
(If outside city or town limits, write "RURAL")
(d) Street No. 910 W. Main St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME June Vick

3. (b) If veteran, name war

3. (c) Social Security No. 328-16-6208

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 3rd (Day) 1914 (Year)

8. AGE: Years 28 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace Salem, Ill. (City, town, or county) 0 (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business

FATHER
12. Name Jay Vick
13. Birthplace Salem, Ill. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Edna Kimbro
15. Birthplace Anna, Ill. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Jay Vick
(b) Address Salem, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Ill.

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

19. (a) NOV 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1 2 hour 0 5 minute M.

21. I hereby certify that I attended the deceased from 9-26, 1942, to 10-31, 1942, that I last saw him alive on 10-31, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Cerebral Softening	3 mo.
(b) Mandibular Joint Necrosis	3 mo.
Due to Irradiation for	
Hemangioma of Eyes	12 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings: Of operations Mandibular Joint Necrosis
Of autopsy Cerebral Softening

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 [illegible] (M. D. or other)
Address 3720 Washington Date signed 7/2/42

(Licensed Embalmer's Statement on Reverse Side)

9242

9242

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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, fact should be so stated above.