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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7748

FILED MAR 11 1943

Registration District No. 10

Primary Registration District No. 115

Registrar's No. 455

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7471 Kingsbury /
(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:

(a) State Missouri (b) County St Louis 96 9

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7471 Kingsbury
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Charles H. Wickard

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary Rozier Wickard

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

7. Birth date of deceased December (Month) 25 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	1	26	..... hr. ..... min.

9. Birthplace Cumberland (City, town, or county) Maryland / (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business Aetna Life Insurance Co.

FATHER
12. Name Levi Wickard
13. Birthplace Cumberland Md (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Amanda Boogher
15. Birthplace Cumberland Md. (City, town, or county) / (State or foreign country)

16. (a) Informant George H. Quentin.
(b) Address 7471 Kingsbury.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) FEB 22 1943 (Date received by registrar) (b) E. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1943 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from ....., 1942 to ....., 1943;
that I last saw him alive on 2-21-, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute myocarditis	
Due to arteco-sclerosis	
Due to	
Other conditions Emphysema (Include pregnancy within 3 months of death)	

Major findings:
Of operations 110c
Of autopsy no

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 P. Schnackelberg (M.D. or other)
Address 462 N Taylor Date signed 2/22/43

(Licensed Embalmer's Statement on Reverse Side)

DR P. C. Schnoebelen
Jewish Hosp - 10 AM - Mon
462 N. Taylor
JE-0117

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 Paul Lemmer, Registered Apprentice No. 351, working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, M

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.