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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19561

FILED JUL 8 1943

Registration District No. 1818 — Primary Registration District No. 1003 — Registrar's No. 5828

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

1. PLACE OF DEATH:

(a) County St. Louis Missouri.

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

(c) Name of hospital or institution: St. Louis City Hospital. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3Mos. 15Days (Specify whether

In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 22

(a) State Missouri (b) County

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 1124 So. 18th St. (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Ficke

3. (b) If veteran, name war No

3. (c) Social Security No. 486-18-1327

4. Sex Male

5. Color or race white 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Cora

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased December 11th 1885 (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days ~~12~~ 11 If less than one day hr. min.

9. Birthplace Sullivan, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Laclede Brick Co.

FATHER
12. Name John Ficke
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Edward Ficke Jr.

(b) Address 1124 So. 18th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/43. (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) JUN 25 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd year 1943 hour 2:53 minute P.M.

21. I hereby certify that I attended the deceased from March 8th 1943 to June 23rd 1943 that I last saw h alive on June 23rd, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Transverse colon

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Metastasis to adjoining bowel + liver

Of autopsy

Duration

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 G. L. Campbell 0 (M. D. or other)

Address 1515 Lafayette Ave. Date signed 6/23/43

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.