

ED OCT 2 - 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8514**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(c) Name of hospital or institution **Mount Carmel Hospital**
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME **OSCAR HENRY FICK**

3. (b) If veteran, name war _____
3. (c) Social Security No. **493-05-5450**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **BESSIE FICK**
6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **MARCH 26 1884**
(Month) (Day) (Year)

8. AGE: Years **59** Months **5** Days **28**
If less than one day _____ hr. _____ min.

9. Birthplace **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **PAINTER**

11. Industry or business _____

12. Name **AUG. FICK**

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

14. Maiden name **LOUISE STARR**

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

16. (a) Informant **MRS BESSIE FICK**

(b) Address **4821 BESSIE**

17. (a) **BURIAL** (b) Date thereof: **9-27-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LAKE CHARLES CEM**

18. (a) Signature of funeral director **L. M. Mullen**
(b) Address **5165 Delmar Bl.**

19. (a) **SEP 27 1943** (b) **J. J. Probst**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **ST. LOUIS**
(c) City or town **ST. LOUIS**
(d) Street No. **4821 BESSIE**
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **24**
year **1943** hour **10** minute **20 AM**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Stroke**
from punctured left lung, fracture of skull when he was struck by a street car being operated by one Frank M. [unclear] about 400 feet east of the entrance of Forest Park by a light on the Public Service Right of Way about 10:15 AM

Other conditions within 6 months of death _____
Major findings: **Sept 24 1943**
Of operations _____
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) **Accident 000**
(b) Date of occurrence **Sept 24 1943**
(c) Where did injury occur? **St. Louis**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? **no** (e) Means of injury **Street Car**
23. Signature **Alfred Perry** (M. D. or other) _____
Address **Superior** Date signed **9/24/43**

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

MOTHER FATHER

844

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 *H. G. Lavis*.....

Licensed Embalmer No. *3384*.....

P. O. Address *St. Louis*.....

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.