

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County Miss.
(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 JOHNS
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution TWO DAYS
(Specify whether years, months or days) HO YEARS

3. (a) PRINT FULL NAME ALFRED EDWIN WICKETT

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SOPHIA WICKETT 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased AUG 19 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 25 If less than one day hr. min.

9. Birthplace PRINCE EDWARD ISLAND CANADA
(City, town, or county) (State or foreign country)

10. Usual occupation BOAT BUILDER

11. Industry or business
12. Name EDWIN WICKETT
13. Birthplace ENGLAND
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sophia Wickett

(b) Address 635 Leonard Ave
17. (a) Burial (b) Date thereof 9 16 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director MITTELBERG FUNERAL HOME, INC.

(b) Address WEBSTER GROVES, MO. 19

19. (a) SEP 15 1943 (b) J. F. Bredesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town VALLEY PARK
(If outside city or town limits, write "RURAL")
(d) Street No. 635 LEONARD AVE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 14
year 1943 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 12
1943 to Sept 14 1943
that I last saw him alive on Sept 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Duration 48 hours

Due to Retio cerebral appendical abscess about 4 hrs

Due to 12 1/2 hrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12 1/2
Of autopsy See above
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? _____

23. Signature Augustus P. Munsch (M. D. or other)
Address 306 1/2 Humboldt Bldg Date signed 9/14/43

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

20
17
9

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

John Agonowski

Licensed Embalmer No. *2398*

P. O. Address.....

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.