

FILED MAR 20 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Missouri-Baptist Hospital
(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)

3. (a) PRINT FULL NAME Elmer Wicklein

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ottillie Wicklein

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 27 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 9 12 hr. min.

9. Birthplace Randolph County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Andrew Wicklein

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cowell

15. Birthplace Monroe County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ottillie Wicklein

(b) Address Evansville, Ill.

17. (a) Removal (b) Date thereof 3-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evansville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 10 1944 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph

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

(d) Street No. NR
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7th year 1944 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 2/8 1944 to 3/9 1944
that I last saw him alive on 3/9/44 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis - Volvulus of bowel

Due to Volvulus of bowel

Other conditions Acute Regional Hemion

(Include pregnancy within 3 months of death)

Major findings: Of operations Same as above

Of autopsy —

Duration 3 days

10-12 days

10 20

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?.....

While at work (Specify type of place) (a) Means of injury 0

23. Signature Beerland [Signature] (M. D. or other) 240

Address 220 N. 4th St Date signed 3/9/44

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 Agnoski

Licensed Embalmer No. *3398*

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.