

FILED JUN 19 1945

818

Registration District No. _____

1003

Registrar's No. **4991**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 999
(c) City or town Fort Smith
(If outside city or town limits, write "RURAL")
(d) Street No. 315 Lecta Avenue
(If rural, give location) NR
(e) Citizen of foreign country? No. 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emmett Vick
EMMETT VICK

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Helen Vick 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 18 1889
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 18 If less than one day
hr. _____ min. _____

9. Birthplace Fort Smith Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation secretary & treasurer

11. Industry or business Speer Hardware Company

12. Name Ramson E. Vick

13. Birthplace unknown Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Betty Mitchell

15. Birthplace unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Vick

(b) Address 315 Lecta Ave., Fort Smith, Ark.

17. (a) removal (b) Date thereof 6-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Smith, Arkansas

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd., St. Louis

19. (a) JUN 5 1945 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1945 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 24, 1945, to June 5, 1945;
that I last saw him alive on June 5, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary hemorrhage

Due to Chronic lung disease (non-tuberculous)

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/4

Major findings: Of operations _____
Of autopsy none

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 J. R. Bradley (M. D. or other)

Address Barnes Hospital Date signed 6/5/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. F. R. Bradley
Barnes Hospital

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.