No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39229

FILED DEC 9 1946

Registration District No. 378

Primary Registration District No.

Registrar's No. 10232

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3973 Cook
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jack Wickett

3. (b) If veteran, name war N 6

3. (c) Social Security No. 488-16-8315

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Estella Wickett

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Jan (Month) 10 (Day) 1905 (Year)

8. AGE: Years 41 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Cleaner

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Estella Wickett
(b) Address 3973 Cook Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave.

19. (a) NOV 30 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1946 hour 1 minute 35 AM.

21. I hereby certify that I attended the deceased from 10-19, 1946, to 11-28, 1946; that I last saw him alive on Nov. 28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Right Pansinusitis	Undet.
Lobar Pneumonia	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations
Of autopsy No

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 W. C. Howard (M. D. or other)
Address 2601 N Whittier Date signed 11/29/46

(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 D. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Ave

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.