

FILED MAR 14 1947 218

Primary Registration District No.

1003

Registrar's No.

2130

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:
5722 Maple Ave
(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

Joseph Wickert

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
7. (b) Name of husband or wife Late Minnie Wickert 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased August 8 1955
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 5 23 hr. min.

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

10. Usual occupation Retired

MOTHER FATHER

11. Industry or business.....
12. Name Unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Wickert
(b) Address 4425 Athlone Ave
17. (a) Burial (b) Date thereof Mar 3 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat. Bridge Blvd

19. (a) Mar 3 - 1947 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

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. 5722 Maple Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1947 hour 6 minutes 15 A.M.

21. I hereby certify that I attended the deceased from
Feb 20, 1947, to March 1st, 1947
that I last saw him alive on Feb 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Arterio Sclerosis (General)
Duration 10 yrs
10 yrs

Due to.....
Due to.....
Other conditions Security of 2
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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 E. J. Davain (M. D. or other)
Address 607 W. 74th Date signed 3/1/47

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

2130

2130

University Club 1024
12-3 PM

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 Ralph C. Linders
Licensed Embalmer No. 4375
P. O. Address St. Louis, Mo

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.