FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 918

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3190

Primary Registration District No. 1003

Registrar's No. 949

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution: 9 hrs. (Specify whether years, months or days)

In this community: 1yr. 1mo. 17days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 1831 Biddle St. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 21 10

If yes, name country

3. (a) PRINT FULL NAME: Barbara A. Vickers

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: female 5. Color or race: negro

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: December (Month) 11 (Day) 1946 (Year)

8. AGE: Years	Months	Days	If less than one day
1	1	17	hr. min.

9. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: --

11. Industry or business:

FATHER 12. Name: Jack Vickers

13. Birthplace: Lang (City, town, or county) Miss. (State or foreign country)

MOTHER 14. Maiden name: Theala Nelson

15. Birthplace: Camp (City, town, or county) Miss. (State or foreign country)

16. (a) Informant: Theala Vickers

(b) Address: 1831 Biddle St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1-31-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Cemetery

18. (a) Signature of funeral director: Davis & Broom

(b) Address: 1405 Biddle St.

19. (a) JAN 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th year 1948 hour 5:00 minute A. M.

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

Immediate cause of death: Bronchopneumonia;

Contrib: Burns of both shoulders and arms and the left chest (split thickness) when deceased overturned a pan of hot water on herself at her home 1831 Biddle St., on Jan. 21, 1948.

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: 1-21-1948

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)

While at work? (e) Means of injury: as above

23. Signature: (M. D. or other)

Address: Date signed: 1/30/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....

working under my personal supervision.

Signed Chas. P. Maxwell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.