S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 2487

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3593

Registrar's No. 249

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Koch (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 225 days (Specify whether
In this community: 11½ years
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.: 7248 Gravois
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: VICK, MARTIN
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: Married
6. (b) Name of husband or wife: Anna Steinfrett
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 8 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	4	16	hr. min.

9. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Factory Work
11. Industry or business:
MOTHER FATHER
12. Name: Henry Vick
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name: Anna Falken
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Hospital Records
(b) Address: Robert Koch Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial Park
18. (a) Signature of funeral director: Wacker - Helderle
(b) Address: 3634 Gravois Ave.
19. (a) 1-27-48 (Date received local registrar) (b) Cecil A. Helderle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1948 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from 6-13-47, 19..., to 1-24-48, 19...; that I last saw him alive on 1-24-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	1 yr. (??)
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Diabetes mellitus	

Major findings:
Of operations:
Of autopsy:

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):
(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: John W. Beckham (M. D. or other)
Address: Robert Koch Hospital Date signed: 1/24/48

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Frank J. Thyland

Licensed Embalmer No. 2645

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.