. No. 2
—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10919

State File No. .....

Registration District No. 3407 Primary Registration District No. 3066 Registrar's No. 688

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None, E. Big Bend Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 3 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 133 E. Big Bend Road 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Charlotte Fick
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Philip A. Fick
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased Aug. 25 1860
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	6	18	..... hr. ..... min.

9. Birthplace Chesterfield Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired house wife
11. Industry or business at home
FATHER
12. Name Fred Koewing
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sophia Hagen
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Jacob Calvert
(b) Address 133 - E. Big Bend Road, Kirkwood
17. (a) Burial (b) Date thereof Mar. 16-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cem. Monarch Mo.
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin Mo.
19. (a) 3-15-48 (b) Cecil A. Sharp MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 13
year 1948 hour 7 minute 7:00 A.M.
21. I hereby certify that I attended the deceased from .....
....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cause unknown	
Due to	
200	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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)
(e) While at work? ..... (f) Means of injury 0
23. Signature Cecil A. Sharp (M. D. or other) 3-15-48
Address Commissioner of Health Date signed .....

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 Richard M. Bopp Registered Apprentice No. 23 working under my personal supervision.

Signed Geo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin 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.