

Registration District No. 27

Primary Registration District No. 270

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 yrs. (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 91

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No. 7805 Grove  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Charles Edgar Vickers

3. (b) If veteran, name war No 3. (c) Social Security No. 315-05-8881

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Genevieve Vickers 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Jan 14 1863  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 15, 1948 to March 15, 1948  
that I last saw him alive on March 15, 1948  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>2</u>	<u>1</u>	hr. _____ min. _____

Immediate cause of death Coronary occlusion 3 days  
cardio vascular disease 5 yrs.

9. Birthplace Lafayette Co. Mo.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Credit Manager

11. Industry or business Kennard Carpet Co.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Ebenezer Vickers

13. Birthplace Harpers Ferry Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Helen B Bell

15. Birthplace Harpers Ferry Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Charlotte V. Goode  
(b) Address 7805 Grove Webster Groves

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? \_\_\_\_\_

17. (a) Cremation (b) Date thereof Mar 17 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Arthur W. Weather (M. D. or other) MD  
Address Webster Groves Mo. Date signed 3-16-48

18. (a) Signature of funeral director Parker Und. Co.  
(b) Address Webster Groves Mo.

19. (a) 3-16-48 (b) Barclay S. Shepherd  
(Date received local registrar) (Registrar's signature)

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

6  
7  
4

---

---

**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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Wester Groves Md

**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.**