

1. PLACE OF DEATH:
 SAINT LOUIS
 (a) County...
 (b) City or town... (RURAL) JENNINGS, MISSOURI
 (If outside city or town limits, write "RURAL" and name of township)
 5483 HAMILTON AVENUE
 (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)

2. USUAL RESIDENCE OF DECEASED:
 MISSOURI ST. LOUIS 96
 (a) State... (b) County...
 (c) City or town... (RURAL) JENNINGS, MISSOURI 110
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5463 HAMILTON AVENUE
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country...

3. (a) PRINT FULL NAME CHARLES EDWARD WICKLEIN
 3. (b) If veteran, name war... 3. (c) Social Security No.
 4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ANNA E. WICKLEIN 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased FEBRUARY 13th, 1881
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MARCH day 22nd year 1948 hour 11 minute 40 P.M.
 21. I hereby certify that I attended the deceased from Dec. 20, 1947 to Mar. 22, 1948
 that I last saw him alive on Mar. 22, 1948 and that death occurred on the date and hour stated above.
 Immediate cause of death: Chronic Myocarditis
 Duration

8. AGE: Years 67 Months 1 Days 9 If less than one day hr. min.
 9. Birthplace RED BUD, ILLINOIS (City, town, or county) (State or foreign country)
 10. Usual occupation CARPENTER
 11. Industry or business SELF EMPLOYED
 12. Name SAMUEL WICKLEIN
 13. Birthplace RED BUD, ILLINOIS (City, town, or county) (State or foreign country)
 14. Maiden name AGNES ELLIFF
 15. Birthplace ILLINOIS PENNSYLVANIA (City, town, or county) (State or foreign country)

Due to Hypertension
 Due to 93d
 Other conditions... (include pregnancy within 3 months of death)
 Major findings: Of operations...
 Of autopsy...
 Underline the cause of which death should be charged statistically.

MOTHER FATHER
 16. (a) Informant MRS. ANNA E. WICKLEIN
 (b) Address 5463 Hamilton Ave. JENNINGS, MO.
 17. (a) CREMATION (b) Date thereof 3/25/48 (Month) (Day) (Year)
 (Burial, cremation, or removal) VALHALLA CHAPEL OF MEMORIES
 (c) Place: burial or cremation
 18. (a) Signature of funeral director CALVIN F. FEUTZ
 (b) Address 4828 NATURAL BRIDGE BOULEVARD
 19. (a) 3-23-48 (Date received local registrar) (b) [Signature] (Registrar's signature)

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 Albert Wall (M. D. or other) Date signed 3/23/48
 Address 5322 Helen Ave

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD #15 amended by affidavit of grandson & decedent's Delayed ILL birth record 07-05-11 mjd

96
0
3

96
110
0

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

DR. ALBERT WALL,
5322 HELEN AVENUE,
BETWEEN 3 and 4 P. M.

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. *4215*

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.