

No. 300  
10-47  
5-17-39  
I 3906

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28504

FILED SEP 7 1948

State File No.

Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 1953

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 1/3 Day  
(Specify whether years, months or days)

In this community 1/3 Day

3. (a) PRINT FULL NAME Alene V. Licklider

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Husband Harvey M. Licklider

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased November 27 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

34 8 18 hr. min.

9. Birthplace Doniphan Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Beauty Operator

11. Industry or business Famous & Barr Co.

12. Name Bert Derrington

13. Birthplace Poplar Bluff Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie D. Brooks

15. Birthplace Doniphan Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Geitz

(b) Address 8418 Vulcan St.

17. (a) Burial (b) Date thereof Aug. 19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister II. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 8-18-48 (b) Cecil A. Z. Haug, M.D. (B.M.D.)  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 111

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

(d) Street No. 8418 Vulcan St.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15  
year 1948 hour 8 minute 30 a. m.

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

Immediate cause of death HEAD INJURIES AND INTERNAL INJURIES

Due to 1700-8 #128

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy No Autopsy performed

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

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

(b) Date of occurrence August 15, 1948

(c) Where did injury occur? Highway #30, House Springs, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On Highway

While at work? L.E. Stilwell (Specify type of place) (City or town) (County) (State) Automobile

23. Signature L.E. Stilwell (M. D. or D. O. B. or P. or N. or C. or V. or M. D. or B. or S. or O. or C. or E. or F. or G. or H. or I. or J. or K. or L. or M. or N. or O. or P. or Q. or R. or S. or T. or U. or V. or W. or X. or Y. or Z.)

Address VAH, Jefferson Bks. Mo. Date signed 8/16/48

MAR 27 1958

**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 *Harry J. Schumacher*  
Licensed Embalmer No. *2679*  
P. O. Address *7514 Broadway*

**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.**