

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21859
State File No. _____
5056
Registrar's No. _____

FILED JUN 27 1949

BIRTH NO. 386.44-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		a. STATE <u>Missouri</u> b. COUNTY <u>ada</u>	
c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI BAPTIST HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>20 - 2909a Rauschenbach Avenue</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Infant</u>	b. (Middle) <u>Wicks</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
				<u>6-9-49</u>

5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>6-9-49</u>	9. AGE (in years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				<u>0</u>	Months <u>0</u> Days <u>0</u> Hours <u>0</u>	Min. <u>15</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, MO.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Harold Ira Wicks</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hyatt</u>	14. NAME OF HUSBAND OR WIFE <u>Baby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Wicks</u>	ADDRESS <u>2909a Rauschenbach Av.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>rupture of bag of waters</u>		
	DUE TO (c) <u>unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		<u>159</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>776K</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on June 9, 1949, and that death occurred at 10:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B.H. Kilker M.D.</u>	23b. ADDRESS <u>3121 Dignard</u>	23c. DATE SIGNED <u>6/10/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO</u>
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DATE REC'D BY LOCAL REG. <u>JUN 10 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Parater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Suedmeyer & Son's</u>	ADDRESS <u>3934 N. 20 Street</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

Neville B. Prohvetter

Licensed Embalmer No. *3196*

P. O. Address *3934 No 20th St*

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.