

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15118

318

1003

Registrar's No. 3886

BIRTH NO. 2506A-50 REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) few days		c. CITY (If outside corporate limits, write RURAL and give township) E. St. Louis 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location) 610 Converse Avenue 8:30 AM			
3. NAME OF DECEASED (Type or Print) a. (First) Infant		b. (Middle) Wick		c. (Last) Wick	
4. DATE OF DEATH 4-25-50		5. SEX Male 2		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0		8. DATE OF BIRTH 4-25-50		9. AGE (In years last birthday) 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY infant		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Wicks		13b. MOTHER'S MAIDEN NAME Sarah Perkins	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Sarah Wicks		17. ADDRESS 610 Converse		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, asthenia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (6 1/2 moe. gestation)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxemia of Pregnancy		DUE TO (c)	
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 checked="" type="checkbox"/>		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) 76985		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 4-25-50 1:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4-25, 1950, to 4-25, 1950, that I last saw the deceased alive on 4-25, 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE R.W. Kenney D.M.D. (Degree or title)		23b. ADDRESS 159 N. Main, E. St. Louis		23c. DATE SIGNED 4-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5		24b. DATE 4-28-50		24c. NAME OF CEMETERY OR CREMATORY Broker Washington	
24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.		DATE REC'D BY LOCAL REG. 28 1950		REGISTRAR'S SIGNATURE J.B. Sasater	
25. FUNERAL DIRECTOR'S SIGNATURE C.J. Nash		ADDRESS 3847 Page Blvd.			

STATEMENT BY LICENSED EMBALMER

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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.

Student
Student Embalmer

Signed _____

C. Y. Nash

Licensed Embalmer No. 2432

P. O. Address 3814 Perry

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.

Nash (C. Y.)