

FILED JUN 15 1957

STANDARD CERTIFICATE OF DEATH

State File No. 18041
Registrar's No. 5253

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give town OR St. Louis, Mo.;
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION Mo-Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 d. STREET ADDRESS 8307 Pennsylvania

3. NAME OF DECEASED
 a. (First) LEO b. (Middle) JOHN c. (Last) FLICKER
 4. DATE OF DEATH (Month) (Day) (Year) JUNE 6 1957

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jul. 29, 1889 9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman 10b. KIND OF BUSINESS OR INDUSTRY Mrs Pacific 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME Ted Ficker 13b. MOTHER'S MAIDEN NAME Elizabeth Waeldermer 13c. NAME OF HUSBAND OR WIFE Leona Ficker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Leona Ficker 17. ADDRESS 8307 Pennsylvania

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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis
 ANTECEDENT CAUSES CA of Common bilobed
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 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 5-1-51 19b. MAJOR FINDINGS OF OPERATION Carcinomatosis 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 1.53X

22. I hereby certify that I attended the deceased from Sept 19 57 to June 6, 19 57, that I last saw the deceased alive on June 6, 19 57, and that death occurred at 10 35 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. W. Passicenti M.D. (Degree or title) 23b. ADDRESS Mo-Pac Hospital 6-7-51 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-9-51 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem. 24d. LOCATION (City, town, or county) (State) Lemay, Mo.

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JUN 8 1957 J. B. Lassiter 25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand Blvd.

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.

Student
Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 4242

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.