

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18737

FILED MAY 28 1951

State File No. 4475

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <i>St. Louis Mo.</i> )		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis 2229</i>		d. STREET ADDRESS (If rural, give location) <i>11 So 16 0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospel</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Thas.</i> b. (Middle) <i>Wickel</i> c. (Last)		4. DATE OF DEATH (Month) <i>4</i> (Day) <i>18</i> (Year) <i>51</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>4-1-1895</i>
9. AGE (in years last birthday) <i>56</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>work</i>	11. BIRTHPLACE (State of foreign country) <i>Washington</i>
10b. KIND OF BUSINESS OR INDUSTRY <i>all</i>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <i>unk</i>	13b. MOTHER'S MAIDEN NAME <i>unk</i>	14. NAME OF HUSBAND OR WIFE <i>unk</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <i>unk</i>	16. SOCIAL SECURITY NO. <i>unk</i>	17. INFORMANT'S SIGNATURE OR NAME <i>S. E. Taylor</i>	ADDRESS <i>1300 Clark</i>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>1. Peritonitis &amp; Ruptured Bladder</i> DUE TO (c) <i>3. Old Cerebral Apoplexy</i>		
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 checked="" 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)
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? <i>252X</i>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph M. Quinn Deputy Coroner</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>4/20/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>MAY 14 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. <i>MAY 14 1951</i>	REGISTRAR'S SIGNATURE <i>J. B. Luster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland Mortuary Service Inc</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

157  
copy  
made

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.....

*Students of Mortuary College*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*James A. Lammers*

Licensed Embalmer No. ....

*4142*

P. O. Address.....

*St. Louis*

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.