S. No. 300
v. 10.48

FILED JUL 24 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26440

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6102

**1. PLACE OF DEATH**
a. COUNTY [illegible]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission.)
a. STATE Mo
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) [redacted] Affton 4820
d. STREET ADDRESS (If rural, give location) 9300 McKenzie

**3. NAME OF DECEASED** (Type or Print)
a. (First) Irma
b. (Middle)
c. (Last) Vickers

**4. DATE OF DEATH** (Month) (Day) (Year) June 27, 1952

**5. SEX** female
**6. COLOR OR RACE** white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married
**8. DATE OF BIRTH** Feb 28 1906
**9. AGE** (In years last birthday) 46
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country) ~~Festus~~, Mo. St Louis
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Adrian Coleman
**13b. MOTHER'S MAIDEN NAME** Anna ~~Petterson~~ Patterson
**14. NAME OF HUSBAND OR WIFE** Russell Vickers

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** Russell Vickers
**ADDRESS** 9300 McKenzie

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Hemorrhage from Duodenal — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) D. ulcer — several mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of lt Breast c̄ metastasis to mediastinum — several mo's.

**19a. DATE OF OPERATION** 4/24/52
**19b. MAJOR FINDINGS OF OPERATION** Ca. of lt Breast -
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) no
**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 170X

22. *I hereby certify that I attended the deceased from* 4/14/52, 19__, *to* 6/27, 1952, *that I last saw the deceased alive on* 6/27, 1952, *and that death occurred at* 3 p. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** [signature] **(Degree or title)** D
**23b. ADDRESS** 3804 Wilmington Ave
**23c. DATE SIGNED** 6/28/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal
**24b. DATE** 6/30/52
**24c. NAME OF CEMETERY OR CREMATORY** Sunset Burial Park
**24d. LOCATION** (City, town, or county) (State) Affton Mo.

**DATE REC'D BY LOCAL REG.** JUN 30 1952
**REGISTRAR'S SIGNATURE** J Earl Smith, MD
**25. FUNERAL DIRECTOR'S SIGNATURE** J L Ziegenhein & Sons
**ADDRESS** 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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 Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 7027 Grand

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.

19C

31 1952

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St Louis }

State File No. 26440
Local Registrar's No. 6102

## AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of July, 1952, before me appears E. J. Ziegenheim, who, upon his oath, states that the original record of ~~birth~~ death for IRMA VICKERS, died ~~born~~ JUNE 27, 1952, in the State of Missouri, and which was filed at ST. LOUIS on 6/26, 1952 should be corrected as follows:

Item No. 8 should read Feb-27-1906
Instead of Feb. 28, 1906

Item No. 11 should read ST. LOUIS, MO.
Instead of Festus, MO.

Item No. 13B should read ANNA PATTERSON
Instead of ANNA PETTERSON

Item No. 22 should read ~~5 P.M.~~
Instead of 3 P.M.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant E. J. Ziegenheim
Funeral Director ~~Relationship~~.

7027 Grassis
Present Address.

Subscribed and sworn to before me this 10th day of July, 1952

My Commission expires Feb 20, 1954 W. E. Ziegenheim Notary Public.

rm V. S. 135
50M—4-43
I X36667

S-26440 - 1952