

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12511  
2880

FILED MAR 31 1953

1003 State File No. 2880

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b> OR TOWN c. LENGTH OF STAY (In this place) _____  d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>BETHESDA HOSPITAL</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> 2259  d. STREET ADDRESS (If rural, give location) <b>707 No. Sixth St.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b>		b. (Middle) <b>S.</b>		c. (Last) <b>WICK.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 14, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 16, 1892</b>	9. AGE (In years last birthday) <b>60</b>	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) <b>Retired;</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Michael Wick.</b>			13b. MOTHER'S MAIDEN NAME <b>Mammie Roche.</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W.W.I</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert S. Davis; 4 North 8th St.</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) <b>Diabetes Mellitus</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>1 Year</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>260x</b>
22. I hereby certify that I attended the deceased from <b>Feb. 22, 1953</b> , to <b>March 14, 1953</b> that I last saw the deceased alive on <b>March 14, 1953</b> , and that death occurred at <b>9:30 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Malcolm B. Powell, M.D.</b>				23b. ADDRESS <b>4660 Maryland</b>		23c. DATE SIGNED <b>3/15/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Mar. 17, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 16 1953 J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</b>						

2, P (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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.