

STANDARD CERTIFICATE OF DEATH

State File No. **20000**
Registrar's No. **3813**

FILED JUN 1 - 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2912 North 19th Street, 267		d. STREET ADDRESS (If rural, give location) 2912 North 19th Street.	
3. NAME OF DECEASED (Type or Print) a. (First) Donna b. (Middle) Jo. c. (Last) Vickrey		4. DATE OF DEATH (Month) (Day) (Year) Apr. 10, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar. 14, 1952
9. AGE (In years last birthday) 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Joe Vickrey	
13b. MOTHER'S MAIDEN NAME Martha Churchwell		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Joe Vickrey		18. ADDRESS 2912 North 19th St.	
18. CAUSE OF DEATH 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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation by drowning INTERVAL BETWEEN ONSET AND DEATH when she fell in bath ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sub in her home on DUE TO (c) Apr. 10, 1953 about 7:00 pm 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Accident	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME (Month) (Day) (Year) (Hour) Apr 10 53 7:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E9290		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 7:00 p.m. , from the causes and on the date stated above. 22	
23a. SIGNATURE Patricia Taylor		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 4-11-53		24a. BURIAL, CREMATION, OR OTHER DISPOSITION Burial	
24b. DATE April 12, 1953		24c. NAME OF CEMETERY OR CREMATORY Atwood Cemetery	
24d. LOCATION (City, town, or county) (State) Atwood, Tennessee		25. FUNERAL DIRECTOR'S SIGNATURE Leidner Und. Co.	
25. ADDRESS 2223 St. Louis Av.		DATE REC'D BY LOCAL REG. APR 11 1953	
REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Leidner Und. Co.	

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 _____

Licensed Embalmer No. _____

P. O. Address _____

1674

2223 E. Lewis St.

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.