

STANDARD CERTIFICATE OF DEATH

14448

State File No.

FILED MAY 12 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 981

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside limits, write RURAL and give township) <u>Webster Groves</u>		c. CITY OR TOWN <u>Webster Groves</u>	
c. LENGTH OF STAY (in this place) <u>30yrs</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Res. 343 Page</u>		e. STREET ADDRESS (If rural, give location) <u>343 Page</u>	

3. NAME OF DECEASED (Type or Print) <u>Ralph D Wickenden</u>			4. DATE OF DEATH <u>April 26, 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 28, 1901</u>	9. AGE (in years last birthday) <u>52yrs</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Personel Dept., 1st National Bank</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Arthur F. Wickenden</u>	13b. MOTHER'S MAIDEN NAME <u>Garaphilia Barnes</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-18-6862</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arlene W. Gonz</u> ADDRESS <u>343 Page Webster Groves</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis with decompensation that pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12/3/53</u> <u>4 mrs</u> <u>1 day</u>
	ANTECEDENT CAUSES 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 _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4222</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>12/3/53</u> , 19____, to <u>4/26/54</u> 19____, that I last saw the deceased alive on <u>4/25</u> , 19 <u>54</u> , and that death occurred at <u>230</u> m., from the causes and on the date stated above.		

23a. SIGNATURE <u>A. Victor Reese MD</u> (Degree or title)	23b. ADDRESS <u>170 E Lockwood Webster Groves</u>	23c. DATE SIGNED <u>4/26/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 28, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>

DATE REC'D BY LOCAL REG. <u>4/27/54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Somke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>9 Defender & Son</u> ADDRESS <u>6125 Dolmer</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Del V Reese
1208 Lockwood
No 2 2218
Res 330 W Lockwood

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.....
Signature of Student Embalmer

Signed *J. E. McCulloch*

Licensed Embalmer No. *246*

P. O. Address *617376*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.