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FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31660

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7721

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 wks.</u>		STREET ADDRESS (If rural, give location) <u>3212 Longfellow Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Hospital</u>		17	
3. NAME OF DECEASED a. (First) <u>Lawrence</u> (Type or Print)		b. (Middle) <u>C.</u>	c. (Last) <u>Wickett</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 1, 1955</u>		5. SEX <u>M.</u>	
6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	
8. <del>DATE OF BIRTH</del> <u>8/24/1896</u>		9. AGE (In years if UNDER 1 YEAR; Months if UNDER 12 MONTHS; Days if UNDER 12 HRS.) <u>59</u> <u>5</u> <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner-St. Louis Boat &amp; Motor Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Motor Co.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Old Town, Maine</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Alfred E. Wickett</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Thompson</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Regina Wickett</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War # 1</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Regina Wickett, 3212 Longfellow Blvd.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Timely Carcinoma Trachea</u> <u>Metastasis to Peribronchial nodes.</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)		INTERVAL BETWEEN ONSET AND DEATH <u>4-13-55</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>162 x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. INCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1</u>		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?	

22. I hereby certify that I attended the deceased from 4-13, 1955, to 9-1, 1955, that I last saw the deceased alive on 8-31, 1955, and that death occurred at 2:17 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph G. Conroy M.D.</u>		23b. ADDRESS <u>906 Lindell</u>		23c. DATE SIGNED <u>9-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 3, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith</u>		25. ADDRESS <u>3810 Lindell Blvd.</u>	

DATE REC'D BY LOCAL REG. SEP 2 1955 (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 me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wm S. Degen.....

Licensed Embalmer No. 46

P. O. Address 3840 Len

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.