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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42881

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3026

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CLAYTON
c. LENGTH OF STAY (in this place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST LOUIS
c. CITY OR TOWN OVERLAND 426X
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 2235 WOODSON ROAD

3. NAME OF DECEASED (Type or Print)
a. (First) ALBERT b. (Middle) c. (Last) WICKLEIN

4. DATE OF DEATH (Month) (Day) (Year) 12-26-55

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced
8. DATE OF BIRTH 1-28-1896
9. AGE (In years last birthday) 59 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) coal miner
10b. KIND OF BUSINESS OR INDUSTRY Coal
11. BIRTHPLACE (City and State or Foreign Country) DuQuoin, Ill.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Wicklein
13b. MOTHER'S MAIDEN NAME Catherine Linzee
14. NAME OF HUSBAND OR WIFE Willie L. Wicklein
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. 343-05-4821
17. INFORMANT'S SIGNATURE OR NAME Virginia Foust, ADDRESS Overland, Mo.

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) Uremia [illegible]

ANTECEDENT CAUSES. *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertensive Cardiovascular Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443 X
20. AUTOPSY? YES ☐ NO ☐

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 OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-17, 1955, *to* 11-28, 1955, *that I last saw the deceased alive on* 12-26, 1955, *and that death occurred at* 10:11 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) He Joseph G. Smith M.D. Coroner
23b. ADDRESS 601 S. Brentwood, Clayton, Mo
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 12-26-55
24c. NAME OF CEMETERY OR CREMATORY Local
24d. LOCATION (City, town, or county) DuQuoin, Ill. (State)

DATE REC'D BY LOCAL REG. 12-26-55
REGISTRAR'S SIGNATURE Herbert R. Domke MD Sr.
25. FUNERAL DIRECTOR'S SIGNATURE Weinberg F.H., ADDRESS DuQuoin, Ill.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ronald O. Yolu

Licensed Embalmer No. 391

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.