

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22198

State File No. 4632

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <b>St. Louis,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Johns Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>12 20 N.Kingshighway Blvd. 2129</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FREDERICK</b> b. (Middle) <b>B.</b> c. (Last) <b>WICKHAM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 11, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 8, 1900</b>	9. AGE (In years, last birthday) <b>56</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Regional Director</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Glidden Paint Co</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Norwalk, Ohio.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Louis W. Wickham</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Benedict</b>	14. NAME OF HUSBAND OR WIFE <b>Anobel Wickham</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> If yes, give war and dates of service <b>W.W. #1</b>	16. SOCIAL SECURITY NO. <b>170-07-8506</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anobel Wickham-#20 N.Kingshighway</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Congestion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Edema</b> DUE TO (c) <b>Coronary Sclerosis</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Anesthesia, following operation at St John's Hosp., on May 11, 1956.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT OR SUICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hosp</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>
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21d. TIME OF INJURY <b>May 11 56 ? m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>578x</b>
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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 **8:51 p.m.**, from the causes and on the date stated above.

23. SIGNATURE (Death cert title) <b>James M Kelly Registrar</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>5-12-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (rail)</b>	24b. DATE <b>5-13-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cleveland, Ohio.</b>	24d. LOCATION (City, town, or county) (State) <b>Cleveland, Ohio</b>
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DATE REC'D BY LOCAL REG. <b>MAY 14-1956</b>	REGISTRAR'S SIGNATURE <b>J Kelly</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser-4228 S.Kingshighway Bl.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 25 1958

**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... *William D. White* .....

Licensed Embalmer No. *428*

P. O. Address *4228th 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.