

FILED JUN 25 1957

STANDARD CERTIFICATE OF DEATH

State File No. 5636

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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>Pulaski</u>			
b. CITY OR TOWN <u>St. Louis, Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Crocker</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin DeSage Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>31</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle) <u>Madden</u>		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>6-14-57</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>9-3-87</u>		9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede County Mo</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Yard</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Nicks</u>	
13b. MOTHER'S MAIDEN NAME <u>Jenny Nicks</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>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W.B. Vickers</u>		ADDRESS <u>4172 Russell</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				MEDICAL CERTIFICATION <u>Cerebral hemorrhage</u>			
ANTECEDENT CAUSES <u>Arteriosclerosis</u>				DUE TO (b) <u>Arteriosclerosis</u>			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <u>331A</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) <u>6-14-57</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>6-14-57</u>					
22. I hereby certify that I attended the deceased from <u>5-7-57</u> , 19 <u>57</u> , to <u>6-14</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6-14</u> , 19 <u>57</u> , and that death occurred at <u>11:22 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lester E. Wave, Jr., M.D.</u>				23b. ADDRESS <u>Firmin DeSage Hospital</u>		23c. DATE SIGNED <u>6-15-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-15-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede County Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUN 17 57</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedger</u>		ADDRESS <u>Thiers Mo</u>	

JUN 26 1957

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 *Walter P. Hedges*

Licensed Embalmer No. *426*

P. O. Address .....

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.