Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012444
STATE FILE NUMBER

FILED MAR 27 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2956

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital — Length of stay in Ib 32

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City 4376 — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 7731 Blackberry Lane 27 — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First TORBERT Middle Last VICKROY

4. DATE OF DEATH Month March Day 12, Year 1958

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Aug. 15, 1893
9. AGE (In years last birthday) 64 — 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) Certified public accountant
10b. KIND OF BUSINESS OR INDUSTRY Vickroy &Co.
11. BIRTHPLACE (City and state or country) St. Louis Missouri. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel Vickroy
13b. MOTHER'S MAIDEN NAME Susan Torbert
14. NAME OF HUSBAND OR WIFE Pearl Harris Vickroy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 488-10-8153
17. INFORMANT Mrs. Pearl H. Vickroy Address U. City Missouri. 7731 Blackberry Lane

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease with — unknown
DUE TO (c) Aortic Stenosis and insufficiency
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 411 X 2
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3 March 1958 to 12 March 1958 and last saw her/him alive on 11 March 1958
Death occurred at ~~12 March~~ 2 35 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Guy N Magness (Degree or title) MD 0
22b. ADDRESS University City Mo.
22c. DATE SIGNED 12 March 58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 3/14/58
23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
23d. LOCATION (City, town, or county) St Louis County (State) Missouri.

24. FUNERAL DIRECTOR C.R. Lupton and Sons ADDRESS 7233 Delmar Blv'd.
25. DATE RECD. BY LOCAL REG. MAR 13 58
26. REGISTRAR'S SIGNATURE Carl Smith MD
MD 8

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. The symptom, mode of dying, or mechanism of death must not be given as the cause of death. All diseases in Part I must be causally related.

Will come & sign

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 Clarence H. Murra

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

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.