

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026739
STATE FILE NUMBER
6658

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6658

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1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hosp.		Length of stay in lb 6 days	d. STREET ADDRESS (If outside, give location) # 7 Benton Place
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Marie Middle E. Last Bicklein			4. DATE OF DEATH Month July Day 2 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 28, 1904	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Sommers		13b. MOTHER'S MAIDEN NAME Marie (Unk.)		14. NAME OF HUSBAND OR WIFE Edwin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Edwin Bicklein # 7 Benton Place St. Louis	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Surgical Amputation right mid thigh			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Generalized Arteriosclerosis.			
DUE TO (c) Diabetes Mellitus 260+			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) While under going operation			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II if stated) While under going operation at Missouri Baptist Hospital on July 2nd 1958.	
20c. TIME OF INJURY Hour 7 Month, Day, Year 2 1958		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 12 Hospital St. Louis Mo.	20f. CITY, TOWN, OR LOCATION St. Louis Mo.	COUNTY	STATE
21. I attended the deceased from 1050 A on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE John M. Sommers		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 5, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Mo.	

24. FUNERAL DIRECTOR G. Hofmeister Mortuaries		25. DATE RECD. BY LOCAL REG. JUL 3 '58	26. REGISTRAR'S SIGNATURE J. Cash Smith Mo	
7814 So. Broadway St. Louis, Mo.		(Licensed Embalmer's Statement on Reverse Side)		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

mfb

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*
P. O. Address *7814 S. Broadway*

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.