

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023569

STATE FILING NUMBER
Registration No. 5487

FILED JUN 18 1959

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis General Iron River</i>		d. STREET ADDRESS (If outside, give location) <i>Wick</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Wick Malcolm</i>		4. DATE OF DEATH Month Day Year <i>5 13 59</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH <i>5-5-00</i>	9. AGE in years (Last birthday) IF UNDER 1 YEAR Months Days Hours Min. <i>58-00</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Wick</i>	11. BIRTHPLACE (City and state or country) <i>Wick 6 9</i>
13a. FATHER'S NAME <i>Wick</i>		13b. MOTHER'S MARRIED NAME <i>Wick</i>	14. NAME OF HUSBAND OR WIFE <i>Wick</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown. If yes, give war or date of service)		16. SOCIAL SECURITY NO. <i>Wick</i>	17. INFORMANT <i>J. C. Taylor 1300 Clark</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Asphyxiation due to drowning when found in Mississippi River at foot of 4500 So Broadway on May 13, 1959</i> DUE TO (b) <i>Asphyxiation due to drowning when found in Mississippi River at foot of 4500 So Broadway on May 13, 1959</i> DUE TO (c) <i>Asphyxiation due to drowning when found in Mississippi River at foot of 4500 So Broadway on May 13, 1959</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cause - manner of death could not be determined</i>			INTERVAL BETWEEN ONSET AND DEATH <i>929.8</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>929.8</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>42 333</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Co., Mo.</i>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>James M. Hoppe Deputy Sheriff</i>	
22a. SIGNATURE (Degree or title)		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>6/1/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>6-9-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>
24. FUNERAL DIRECTOR <i>Albert H. Hoppe</i>		ADDRESS <i>4700 Washington Blvd.</i>	25. DATE RECD. BY LOCAL REG. <i>JUN 9 '59</i>
		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL INFORMATION IN PART I MUST BE CAUSALLY RELATED.

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.

NOT EMBALMED **BURIED BY CITY.**

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No.....

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.