

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013682

FILED VS MAR 30 1960

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 753 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Lawn		Length of stay in lb 22 Years	c. CITY OR TOWN Pine Lawn, 20, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2413 Kienlen Ave.,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2413 Kienlen Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) HORACE	First	Middle M.	Last FICKEL	4. DATE OF DEATH March 4th, 1960	Month	Day	Year
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5. SEX Male	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 4-22-10	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HR Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Route Supervisor	10b. KIND OF BUSINESS OR INDUSTRY Coca Cola Co.	11. BIRTHPLACE (City and state or country) Springarden, Illinois	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME (Unknown) Fickel	13b. MOTHER'S MAIDEN NAME Minnie Lee Murphy	14. NAME OF HUSBAND OR WIFE Myrtle Fickel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 2	16. SOCIAL SECURITY NO. 493-03-2814	17. INFORMANT Mrs. Myrtle Fickel, 2413 Kienlen Avenue, 20	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction	INTERVAL BETWEEN ONSET AND DEATH few min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease.	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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 of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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.)	20f. CITY, TOWN, OR LOCATION 12-1-59 to 3-4-60 and last saw him alive on 2-16-60	COUNTY	STATE
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21. I attended the deceased from **3:00A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Walter H. Sporeneman M.D.</i>	(Degree or title)	22b. ADDRESS 1515 St. Louis	22c. DATE SIGNED 3-4-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-7-60	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR FUNERAL HOME, St. Louis, 15, Missouri	25. DATE RECD. BY LOCAL REG. 3-4-60	26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis

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.