

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007239

STATE FILE NUMBER

AMENDED ✓

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 539

FILED VS MAR 2 1961

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 MANCHESTER

Length of stay in 1b YEARS

c. CITY OR TOWN MANCHESTER

Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE 1, STRAUB RD

Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) ROUTE 1, STRAUB RD

Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First MALCOLM Middle JOHN Last VICKERY

4. DATE OF DEATH Month FEB Day 22 Year 1961

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 2/21/1886

9. AGE (last birthday) 75

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR

10b. KIND OF BUSINESS OR INDUSTRY BRICK

11. BIRTHPLACE (City and state or country) ENGLAND

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME ROBERT VICKERY

13b. MOTHER'S MAIDEN NAME EMILY STACY

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

17. INFORMANT Address ROBERT VICKERY 8412 MANCHESTER

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 coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH Minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerotic Heart Disease - Diabetes

5 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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 1-7-58 to 2-22-61 and last saw him alive on 2-20-61. Death occurred at approx 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. J. McCall

22b. ADDRESS Manchester 8412 Manchester 17, Mo

22c. DATE SIGNED 2-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE FEB 25, 1961

23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM

23d. LOCATION (City, town, or county) (State) ST. LOUIS County MO

24. FUNERAL DIRECTOR ADDRESS STOCK MORT 889 S BRESTLAND

25. DATE RECD. BY LOCAL REG. 2-24-61

26. REGISTRAR'S SIGNATURE John E. Murphy M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul A Wachter

Licensed Embalmer No. 4787

P. O. Address W Lous Mo

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.