

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **3384-62-045239**

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 312 Primary Registration District No. 500 Registrar's No. 3384

FILED DEC 3 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 11 DAYS	c. CITY OR TOWN BELLEVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2024 Lebanon
3. NAME OF DECEASED (Type or print) First JOSEPH Middle ---- Last FICKINGER		4. DATE OF DEATH Month NOVEMBER Day 19 Year 1962	
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 7-14-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOULDER		10b. KIND OF BUSINESS OR INDUSTRY FOUNDRY	9. AGE (last birthday) 65
11. BIRTHPLACE (City and state or country) BELLEVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME PETER FICKINGER		13b. MOTHER'S MAIDEN NAME ANNA GAEBELT	14. NAME OF HUSBAND OR WIFE GRACE FICKINGER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO.	17. INFORMANT Address ILL. GRACE FICKINGER, 2024 LEBANON, BELLEVILLE,
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE RESPIRATORY INSUFFICIENCY DUE TO (b) PULMONARY EMPHYSEMA, SEVERE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). COB PULMONALE WITH RT VENTRICULAR HYPERTROPHY - ACUTE RIGHT HEART FAILURE WITH MASSIVE DILATATION RT ANTRUM, GEN. ARTERIOSCLEROSIS			INTERVAL BETWEEN ONSET AND DEATH Terminal Many Years ?
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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 COUNTY STATE
21. I attended the deceased from 11-8-62 to 11-19-62 and last saw him alive on 11-19-62 Death occurred at 12:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John M. Gaerdner</i> JOHN M. GAERDNER M.D.		22b. ADDRESS VA HOSP. JEFF. BRKS. MO.	22c. DATE SIGNED 11-19-62
23a. BURIAL, CREMATION REMOVAL (Specify) Removal		23b. DATE 11-23-62	23c. NAME OF CEMETERY OR CREMATORY Lakeview Memorial Garden
24. FUNERAL DIRECTOR Pete Gaerdner		23d. LOCATION (City, town, or county) (State) Belleville, Illinois.	25. DATE RECD. BY LOCAL REG. 11-20-62
		26. REGISTRAR'S SIGNATURE <i>John B. Murphy</i>	

USE BLACK INK OR TYPEWRITER RIBBON

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 *John Gardner*

Licensed Embalmer No. 33-1931

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.