

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17  
Do not use this space.

## 1. PLACE OF DEATH

(a) County 2 Registration District No. 791  
(b) Township 1003 Primary Registration District No. 1003 Registered No. 17  
(c) City St. Louis (d) Street No. 1143 So. Kingshighway Blvd. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

263 Fred P. Wichard  
(a) Residence, No. 1143 So. Kingshighway Blvd. St. 4  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 5 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. President  
9. Industry or business in which work was done, as saw mill, bank, etc. Mound City Box Co.  
10. Date deceased last worked at this occupation (month and year) Retired abt 2 Yrs occupation 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME William Wichard  
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Kathryn Klein  
16. BIRTHPLACE (CITY OR TOWN) Clayton (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Catherine Schiller (ADDRESS) 1143 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem. DATE 1-2 1939

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary (ADDRESS) 4228 So. Kingshighway

20. FILED JAN 1 1939 J. F. Brueck Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-13 1937, to 12-31 1938

I last saw him alive on 12-31 1938 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate

Other contributory causes of importance:

Bilateral Pyonephrosis

Name of operation Cystoscopy Date of 11-29-38  
What test confirmed diagnosis? abou? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) J. F. Brueck, M. D.

(Address) 45013 Manchester

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed *Edwin B. McNamee*

Licensed Embalmer No. *30214*

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 this body is not embalmed, above space should be left blank.**