

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1010 Childress**  
 (a) County St. Louis **2**  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1010 Childress  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 20 yrs  
 years, months or days

8. (a) PRINT FULL NAME Isabell Virginia Fick  
 3. (b) If veteran, name war. No. \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex female 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 46 years  
 7. Birth date of deceased March 26th, 1904  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>8</u>	<u>18</u>	hr. _____ min.

9. Birthplace Peruque, Ark.  
 (City, town, or county) (State or foreign country)

10. Usual occupation waitress

11. Industry or business \_\_\_\_\_

12. Name Theodore Vinyard  
 18. Birthplace St. Louis, Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Not known  
 15. Birthplace Not known  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]  
 (b) Address 1010 Childress

17. (a) Burial (b) Date thereof 12/18/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Marcus Cem.

18. (a) Signature of funeral director [Signature]  
 (b) Address 7027 Gravois Ave.

19. (a) DEC 18 1939 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis **4**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1010 Childress  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? Life. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1939 hour 4 minute 40 P. M.  
 I hereby certify that I attended the deceased from July 15, 1939 to Dec 14, 1939; that I last saw him alive on Dec 14, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus bladder (Cancer) urinary bladder  
 Due to Primary site, uterus  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

Major findings: Carcinoma (General)  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address 3608 82nd Date signed 12/15/1939

**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..... *Clarence P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address. *6937<sup>a</sup> Hawaii*

**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.**