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FILED JAN 8 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

43875

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2493

6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Orrville, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Eatherton Road (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 56 years 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Orrville (If outside city or town limits, write "RURAL")

(d) Street No. Eatherton Road (If rural, give location)

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(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Philip A. Fick

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charlotte Fick

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased June 12, 1855 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	6	19	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired General Merchant

11. Industry or business General Store

FATHER
12. Name John Fick
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Lochmiller
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Andrew Fick

(b) Address Chesterfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/41 (Month) (Day) (Year)

(c) Place: burial or cremation Antioch, Cem., Monarch, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) JAN 2 - 1941 (Date received local registrar) (b) R. Meyer M.D. Dep. R.K. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31, year 1940 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov. 19, 1940, to December 31, 1940 that I last saw him alive on December 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of Liver	
Chronic Mag Caseitis	
Due to Chronic Bronchial Asthma	
Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 124 b

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry Scott (M. D. or other) M.D.

Address Ballwin, Mo. Date signed 12/31/40

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.