No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4836

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1084

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr. 7mo. 3days (Specify whether years, months or days)
In this community 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 510
(c) City or town St. Louis 13
(If outside city or town limits write "RURAL")
(d) Street No. 5800 Arsenal
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joseph Wickey

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown (Month) Unknown (Day) 1873 (Year)

8. AGE: Years 67 Months Days If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Joseph Wickey
13. Birthplace Unknown (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Kate Britten
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant J. A. Sullivan
(b) Address 5800 Arsenal St.

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. Schlueter
(b) Address 3 Log Cabins

19. (a) FEB 3 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1940 hour 12:50 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 18, 1940, to Dec. 28, 1940, that I last saw him alive on Dec. 28, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	
? of Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 13	

Major findings:
Of operations
Of autopsy 23

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 6

23. Signature Robert E. Shank (M. D. or other)
Address St. L. Isolation Hosp. Date signed 1/3/40

(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.....

Licensed Embalmer No.....

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.