. S. No. 2
3M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35708

Registrar's No. 9442

1. PLACE OF DEATH:
(a) County
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hosp. #1
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 2642a Keomac 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 23
If yes, name country

3. (a) PRINT FULL NAME: Oscar L. Ficke
3. (b) If veteran, name war: World War 2
3. (c) Social Security No.: 489-09-0922
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Edna Ficke
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Oct. 21, 1909 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
37	11	20	hr. min.

9. Birthplace: Champion City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Maintenance Man
11. Industry or business: St. Louis Steel Casting
FATHER 12. Name: Beverly Gus Ficke
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Ida Gerken
15. Birthplace: Union, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Ethel Giebler
(b) Address: Los Angeles, Cal.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-15-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Gerald, Missouri
18. (a) Signature of funeral director: Jay B. Smith
(b) Address: 7456 Manchester
19. (a) OCT 13 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1947 hour 4 minute 20 P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Electrocution When he was repairing the electric wiring in his home 2642 Keomac Street around 4:20 PM Oct 11, 1947 — Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 14

Of autopsy

PHYSICIAN — Underline the cause of 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: Oct 11, 1947 000
(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? Means of injury: Electric
23. Signature: Jay B. Smith (M. D. or other) 3
Address: Date signed 10/13/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 6 1947

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 H. E. Burgess

Licensed Embalmer No. 4029

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, fact should be so stated above.