

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35119
9433

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis 2</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3932 Alberta</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u>			b. (Middle) _____			c. (Last) <u>Fickinger</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29, 1949</u>									
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May-3-1894</u>			
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		IF UNDER 48 HRS. Hours _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Doerr</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Emil Fickinger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emil Fickinger 3932 Alberta</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Chronic Hypertensive Myocarditis</u>				<u>about 3 yrs</u>	
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension (Stroke)</u>				<u>about 3 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall</u>					
22. I hereby certify that I attended the deceased from <u>Feb 3, 1949</u> , to <u>Oct 29, 1949</u> , that I last saw the deceased alive on <u>Oct 29, 1949</u> , and that death occurred at <u>11:03 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J.C. Weisberg</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3606 Charis Ave</u>				23c. DATE SIGNED <u>11/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Affton 23 Mo</u>			
DATE REC'D BY LOCAL REG. <u>11/1/49</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L Ziegenhein & Sons 7027 Gravois</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

me

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Frank J. Davis*

Licensed Embalmer No. *2245*

P. O. Address *St. Louis, Mo.*

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.