

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10118

State File No. 2727

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2727</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>			c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>			<b>223 7</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>717 Carroll Street</b>				d. STREET ADDRESS (If rural, give location) <b>23 - 717 Carroll Street</b>					
3. NAME OF DECEASED (Type or Print) <b>Alick</b>			a. (First)	b. (Middle) <b>A</b>	c. (Last) <b>Amick</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 21 1950</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 17 1894</b>		9. AGE (In years last birthday) <b>55</b>	10. MONTH <b>10</b>	11. DAY <b>4</b>	12. HOURS <b>8</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Kennett Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	
13a. FATHER'S NAME <b>Sam Amick</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Amick</b>			14. NAME OF HUSBAND OR WIFE <b>Elizabeth Amick</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>498-07-1690</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Amick</b>					ADDRESS <b>717 Carroll Street</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>48 Hrs</b>				
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b>							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>MO</b>	
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? <b>H201</b>					
22. I hereby certify that I attended the deceased from <b>1-12, 1950</b> to <b>3-21, 1950</b> , that I last saw the deceased alive on <b>3-13, 1950</b> , and that death occurred <b>at 10:00 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>W. J. Jolly M.D.</b>				23b. ADDRESS <b>3903 Olive St.</b>			23c. DATE SIGNED <b>3-22-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/24/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Mathew Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Missouri</b>				
DATE REC'D BY LOCAL REG. <b>MAR 22 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Casater</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Myrdal Funeral Home</b>				ADDRESS <b>1926 Allen Av</b>

(Licensed Embalmer's Statement on Reverse Side)

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

**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 me

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*John A. Hamann*

Licensed Embalmer No. 4533

P. O. Address 1956 Allen

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.