

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44258

State File No.

FILED JAN 26 1952

318

1003

Registrar's No. 0302

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File 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, MO</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2009</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Toot of Branch</u>				e. STREET ADDRESS (If rural, give location) <u>Wick</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wick</u> b. (Middle) <u>Wick</u> c. (Last) <u>Wick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-6-51</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Clark</u>		9. AGE (In years, Months, Days) <u>44-30</u>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wick</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wick</u>		11. BIRTHPLACE (State or foreign country) <u>Wick</u>		12. CITIZEN OF WHAT COUNTRY? <u>Wick</u>	
13a. FATHER'S NAME <u>Wick</u>		13b. MOTHER'S MAIDEN NAME <u>Wick</u>		14. NAME OF HUSBAND OR WIFE <u>Wick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give date or dates of service) <u>Wick</u>		16. SOCIAL SECURITY NO. <u>Wick</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>B. E. Taylor 1300 Clark</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>Fracture of skull, External hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>suffered when struck by pl. train</u> DUE TO (c) <u>curse right of way about 500 ft south of Branch street abou</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>South of Branch street abou</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5:05 PM Dec 6, 1951</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, boat, etc.) <u>Right of way</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 6 51 5Pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit by Train</u>		<u>802X 35</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:05 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter J. Taylor</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>Jan 11 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>JAN 11 1952</u>		REGISTRAR'S SIGNATURE <u>Paul Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert D. Hopper</u>		ADDRESS <u>4700 Washington</u>	

WRITE PLAINLY—USING UNFADING 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 _____

Students of Mortuary College

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St Louis*

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.