

FILED JUN 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17976
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4773

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2249	
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) G. c. (Last) FICKEN		d. STREET ADDRESS (If rural, give location) 24 3817 Missouri Ave., 8	
4. DATE OF DEATH (Month) (Day) (Year) MAY 22, 1952		5. SEX 0 Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married, /	
8. DATE OF BIRTH February 17, 1882		9. AGE (In years last birthday) 70 If under 1 year: Months Days If under 6 mos. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Birmingham & Proesser Co.	
11. BIRTHPLACE (City and State or Foreign Country) Cedar Hill, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UnKnown,		13b. MOTHER'S MAIDEN NAME UnKnown,	
14. NAME OF HUSBAND OR WIFE Matilda Ficken,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 494-26-7785		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis C. Ficken, 401 Jett Ave, LeMay, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Thrombosis ANTECEDENT CAUSES DUE TO (b) Hypertensive Cardiovascular DUE TO (c) Disease 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 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)	
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? 443X		22. I hereby certify that I attended the deceased from 5-14-52, 19__, to 5-22-52, 19__, that I last saw the deceased alive on 5-22-52, 19__, and that death occurred at 9:50 ^{PM} m., from the causes and on the date stated above.	
23a. SIGNATURE F. J. Kelanowski M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 5-22-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal, 4	
24b. DATE May 26, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Martins Evangelical	
24d. LOCATION (City, town, or county) (State) Dittmer, Mo.		DATE REC'D BY LOCAL REG. MAY 23 1952	
REGISTRAR'S SIGNATURE J. Carl Smith M.D.		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, Mo.	

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Loron E. Perry

Licensed Embalmer No. 4094

2842 Meramec St.,

P. O. Address St. Louis, 18, 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.