

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16369**
Registrar's No. **4211**

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4211**

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		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD HOSP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2159	
3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) - c. (Last) WICKLEIN		d. STREET ADDRESS (If rural, give location) 15 4214 CALIFORNIA	
4. DATE OF DEATH (Month) (Day) (Year) APR. 20 1953		5. SEX MALE 6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR. 20 1875	
9. AGE (In years last birthday) 78 10. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ANDREW H. WICKLEIN	
13b. MOTHER'S MAIDEN NAME SOPHIA BOST		14. NAME OF HUSBAND OR WIFE AMELIA WICKLEIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME ANDREW WICKLEIN JR		ADDRESS 3616 WISCONSIN	
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) Nephropathy, chronic (chronic) ANTECEDENT CAUSES (b) Hypertrophy of prostate, carcinoma Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Acute urinary retention II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 4-18-53		19b. MAJOR FINDINGS OF OPERATION Chromome	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3-4 weeks	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 177X	
22. I hereby certify that I attended the deceased from 4-15 , 19 53 to 4-22 , 19 53 ; that I last saw the deceased alive on 4-22 , 19 53 , and that death occurred at 5:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE John Macnish (Degree or title) MD		23b. ADDRESS 4405 W. Pine	
23c. DATE SIGNED 4-23-53		24. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CEM	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APR. 25 1953	
24c. LOCATION (City, town, or county) (State) ST. LOUIS MO.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	
25. ADDRESS 2906 Travis		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Clark Smith	
APR 23 1953		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Homer C. Dill

Licensed Embalmer No. 4347

P. O. Address 2906 *Lawson*

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.