

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44202
11471

FILED DEC 17 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No. _____
Registrar's No. _____

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) 10 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3863 W. Pine Blvd.				e. STREET ADDRESS (If rural, give location) 19 3863 W. Pine Blvd. 219 1/2				
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) C c. (Last) FICKEN			4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1953					
5. SEX F.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-31-1901		9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 1	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Sterling, Kansas		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William E. Currie		13b. MOTHER'S MAIDEN NAME Edith McKee		14. NAME OF HUSBAND OR WIFE Ben F. 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ben F. Ficken, above				
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) Strangulation due to hanging, when found hanging from the neck in her camp at 3863 St. Pine, Apt 109 on December 2, 1953 about 5:15 pm II. OTHER SIGNIFICANT CONDITIONS Suicide while suffering a camp arary mental aberration Suicide					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
21a. ACCIDENT SUICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 2 53 5:15		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E974X				
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 5:15 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Patrick P. Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12-4-53		
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE 12-6-1953	24c. NAME OF CEMETERY OR CREMATORY Sterling CEM.		24d. LOCATION (City, town, or county) (State) Sterling, Kansas			
DATE REC'D BY LOCAL REG. DEC 4 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.				

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

FEB 11 1957

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4029

P. O. Address. Maplewood

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.