

FILED JUL 1-1954

STANDARD CERTIFICATE OF DEATH

State File No. **21586**

BIRTH NO. **135-86-54** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **1383**

1. PLACE OF DEATH a. COUNTY ST. LOUIS b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS c. LENGTH OF STAY (In this place) 3 DAYS d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS c. CITY OR TOWN NORTH WOODS d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 4703 SEATTLE	
3. NAME OF DECEASED a. (First) STEPHEN b. (Middle) ANTHONY c. (Last) FICK		4. DATE OF DEATH (Month) (Day) (Year) JUNE-13-1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH FEB 20-1954
9. AGE (In years last birthday) 3 (If under 1 year) Months 13 (If under 12 hrs.) Days 13 Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME FRANK FICK		13b. MOTHER'S MAIDEN NAME EDNA OLSON	
14. NAME OF HUSBAND OR WIFE NONE		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 Mr. Frank Fick	
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.		17. ADDRESS Seattle	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Hypertension; Tubular Nephrosis	
19a. DATE OF OPERATION 6-13-54	19b. MAJOR FINDINGS OF OPERATION Hepatomegaly		20. AUTOPSY? YES <input checked="" 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) 490X	
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?	
22. I hereby certify that I attended the deceased from <u>6-13-54</u>, to _____, 19____, that I last saw the deceased alive on <u>6-13-54</u>, and that death occurred at <u>9:20 P.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Regina T. Dwyer M.D.		23b. ADDRESS University Club Bldg.	
23c. DATE SIGNED 6-14-54		24a. BURIAL (CREMATION) REMOVAL (Specify) REMOVAL	
24b. DATE JUNE 15-54	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI
DATE REC'D BY LOCAL REG. 6/14/54	REGISTRAR'S SIGNATURE Robert B. Tamm		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. Tamm 6107 National Bridge

(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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....
P. O. Address.....

**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.**