

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1954

State File No.

No. 300
10.48

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>545</u>		Registrar's No. <u>1507</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Maplewood</u>		c. LENGTH OF STAY (In this place) <u>1 hour</u>		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN) <u>Webster Groves 607</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7651 Rannells</u>				d. STREET ADDRESS (If rural, give location) <u>1112 So. Rock Hill Rd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benedict</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Fick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 14, 1891</u>		9. AGE (In years) (If under 1 year, give Month) (If under 12 months, give Days) (If under 12 hours, give Min.) <u>63</u> <u>1</u> <u>11</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Receiving Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DISPLAY - ADVERTISING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Fick</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Thomson</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes Raop Fick</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>493-09-6938</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Agnes Fick, 1112 So. Rock Hill Rd.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute gas attack</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) (Min.)			
				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>25 June 1954</u> to <u>25 June 1954</u> , that I last saw the deceased alive on <u>25 June 1954</u> , and that death occurred at <u>9:50 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. J. L. Ziegenhein</u>				23b. ADDRESS <u>7651 Rannells</u>		23c. DATE SIGNED <u>25 June 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/29/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-28-54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.L. Ziegenhein & Sons 7027 Gravois</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Fred J. Tanner

Licensed Embalmer No. 4788

P. O. Address St. Louis, 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.