

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9940

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN St. Louis c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED a. (First) JOHN b. (Middle) F. c. (Last) FICKERT 4. DATE OF DEATH (Month) (Day) (Year) Oct/ 31 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Dec. 6, 1882 9. AGE (In years last birthday) 71

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector-Mo. Pac. R.R. Co. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Carmi, Ill. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Albert Fickert 13b. MOTHER'S MAIDEN NAME Anna Belle Campbell 14. NAME OF HUSBAND OR WIFE Emma M. Fickert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma M. Fickert 2609 S. Kingshighway

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis ANTECEDENT CAUSES Arteriosclerosis 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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from Jan 1954, to 10-31, 1954, that I last saw the deceased alive on 10-29, 1954, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Carney M.D. (Degree or title) 23b. ADDRESS 906 Olive St. 23c. DATE SIGNED 11-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr) 24b. DATE Nov. 3, 1954 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) DeSoto, Mo.

DATE REC'D BY LOCAL REG. NOV 3 1954 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

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 *Edwin W. Hermett*.....

Licensed Embalmer No. *3024*

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.