

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2568

FILED JAN 30 1958

State File No. ....

Registrar's No. .... 665

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give OR or TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (If in hospital or institution) <b>3 days</b>	c. CITY OR TOWN <b>St. Louis,</b>	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 <b>St. Louis Chronic Hospital,</b>			e. STREET ADDRESS (If rural, give location) <b>5939 Bartmer</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b>		b. (Middle) _____	c. (Last) <b>Alcott.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 18, 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Jan. 1, 1889</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ira Wicks</b>		13b. MOTHER'S MAIDEN NAME <b>Isabella Collins</b>		14. NAME OF HUSBAND OR WIFE <b>James</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY (If yes, give war or dates of service) <b>127-14-68108</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lorraine Ansley 1120 Redman Ave.</b>			
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) <b>St. Middle Cerebral Art. Thrombosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) <b>Generalized arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis H.T. Dis.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs.</b> <b>2 yrs.</b> <b>3 yrs.</b> <b>3 yrs.</b>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? <b>332x</b> 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) _____	
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 <b>January 26, 1954</b> , to <b>January 18, 1958</b> , that I last saw the deceased alive on <b>January 18, 1958</b> , and that death occurred at <b>10,25A.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>John W. Beckham, M.D.</b>		23b. ADDRESS <b>5800 Arsenal</b>		23c. DATE SIGNED <b>1/20/58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1-21-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		
DATE RECD BY LOCAL REG. <b>JAN 20 58</b>	REGISTRAR'S SIGNATURE <b>Paul Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Diedrich Funeral Home 8319 Hallsferry</b>		

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

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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 *J. Wm. B. Binkley* .....  
Licensed Embalmer No. *3653* .....  
P. O. Address *St. Louis* .....

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.