

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020518

STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1331

Health,
Welfare
Public
Service

4000
300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BEVERLY HILLS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BEVERLY HILLS ⁴¹⁶⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3523 Central Pl.		Length of stay in 1b 32 Yrs.	d. STREET ADDRESS (If outside, give location) 3523 Central Pl.
3. NAME OF DECEASED (Type or print) LORETTA FICKEISSEN			4. DATE OF DEATH Month MAY Day 18 Year 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 26, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	9. AGE (In years last birthday) 64
13. FATHER'S NAME W. ADOLPH PETERS		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. NONE		14. MOTHER'S MAIDEN NAME MARY BRECKENKAMP	
17. INFORMANT Mr. Otto O. Fickeissen-3523 Central Pl. (20)			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lungs			INTERVAL BETWEEN ONSET AND DEATH Dec 57
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 157X			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____	None		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) None	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Dec 1957 , to May 18, 58 and last saw her alive on May 17, 58 Death occurred at 2:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Stachle M.D.		22b. ADDRESS 7124 Natural Bridge	22c. DATE SIGNED 5-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE May 20, 1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR CALVIN F. FEUTZ FUNERAL HOME 4828 Natural Bridge Blv.-St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. 5-19-58	26. REGISTRAR'S SIGNATURE Herbert B. Donk

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 *John A. M...*

Licensed Embalmer No... 418

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.