

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027783

STATE FILE NUMBER

FILED AUG 4 1958

Registration District No.

317

Primary Registration District No.

590

Registrar's No.

1990

300
1-57

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 Berkeley		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Berkeley 4071		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 9017 Airport Rd.		Length of stay in lb 35 Yrs.	d. STREET ADDRESS (If outside, give location) 9017 Airport Rd.		
3. NAME OF DECEASED (Type or print) First Middle Last Leigh Wickham			4. DATE OF DEATH Month Day Year 7/27/58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/10/68	9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Law		10b. KIND OF BUSINESS OR INDUSTRY Attorney	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Wickham		13b. MOTHER'S MAIDEN NAME Fannie Graham		14. NAME OF HUSBAND OR WIFE Elizabeth Drew Wickham	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give name or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Drew Brown 7627 Wydown Blvd. 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) <i>Arteriosclerotic Heart Disease</i> DUE TO (b) <i>Arteriosclerosis Generalized</i> DUE TO (c) <i>4206</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral Hemorrhage 2 mos -</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> <i>10 yrs</i>	
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Oct 1956</i> to <i>July 27, 1958</i> and last saw him alive on <i>July 26, 1958</i> Death occurred at <i>5:30 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>M. Johnson M.D.</i>			22b. ADDRESS 40 N. Florissant Rd.		22c. DATE SIGNED 7-28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/29/58	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant rd.		25. DATE RECD. BY LOCAL REG. 7-29-58	26. REGISTRAR'S SIGNATURE <i>Herbert B. Donke MD</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Eleana Porvica

Licensed Embalmer No. 3403

P. O. Address Johns River, Va.

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.