

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038412

STATE FILE NUMBER

1958 OCT 23 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2630

| | | | | | | | | | | | | | |
|---|--|--|---|---|--|--|---|--|--|---|--|--------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 8 | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | Inside Limits. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospt | | | Length of stay in lb DOA | | d. STREET ADDRESS (If outside, give location) 1050 Wall Street | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last William H Vickers | | | | 4. DATE OF DEATH Month Day Year 10-12-58 | | | | | | | | | |
| 5. SEX Male | | 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 1914 | | 9. AGE (In years last birthday) 44 43 | | 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) Foreman | | | 10b. KIND OF BUSINESS OR INDUSTRY Transportation | | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13a. FATHER'S NAME Oliver Vickers | | | | 13b. MOTHER'S MAIDEN NAME Maud Jones | | | | 14. NAME OF HUSBAND OR WIFE Alfrieda Vickers | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#2 | | | | 16. SOCIAL SECURITY NO. 489 10 9566 | | 17. INFORMANT Address Alfrieda Vickers 1050 Wall St. | | | | | | | |
| 18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of upper abdomen with massive intra-abdominal hemorrhage | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ | | | | | | | | | | 981X | | | |
| 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 checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Gunshot wound inflicted by Archie Williams during argument | | | | | | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year 2:30 P.M. 10/12/58 | | | | | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) brother-in-law's home | | | 20f. CITY, TOWN, OR LOCATION Wellston | | COUNTY St. Louis | | STATE Mo. | | | | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 2:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Clayton H. Hard Coroner | | | | | | 22b. ADDRESS Clayton, Mo. | | | 22c. DATE SIGNED 10/14/58 | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 10-15-58 | | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. | | | 23d. LOCATION (City, town, or county) (State) St. Louis Mo. | | | | | | |
| 24. FUNERAL DIRECTOR J.W. Clark F.H. 1125 Hodiament Ave. | | | | 25. DATE RECD. BY LOCAL REG. 10-13-58 | | 26. REGISTRAR'S SIGNATURE Herbert P. Dombke M.D. | | | | | | | |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 J. Haines*

Licensed Embalmer No. *4108*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.