

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011822

STATE FILE NUMBER

FILED MAR 19 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 709

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY St. Louis)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gumbo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Gumbo 4600
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 40		Length of stay in lb 39 Yrs.	d. STREET ADDRESS Highway 40
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Gottlieb Samuel Fick			4. DATE OF DEATH Month Day Year March 16 1959		
--	--	--	--	--	--

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 Nov 15 1883	9. AGE (In years at birthday) 75	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) farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	---

13a. FATHER'S NAME Adam Fick	13b. MOTHER'S MAIDEN NAME Lisetta Albrecht	14. NAME OF HUSBAND OR WIFE Anna Fick
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Address Anna Fick Chesterfield, Missouri
---	--------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
DUE TO (b) Disseminated CARCINOMATOSIS		640
DUE TO (c) Carcinoma of Prostate (Adenocarcinoma) CARCINOMA OF PROSTATE (ADENOCARCINOMA)		2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177X		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.)
---	--

20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 3/26/58 to 3/16/59 and last saw ^{her} _{him} alive on 3/13/59 Death occurred at 5. An Hwy m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lee W. Hawkins MD (Print name and title)	22b. ADDRESS 950 Francis Place Clayton Mo	22c. DATE SIGNED 3/16/59
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-18-59	23c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery	23d. LOCATION (City, town, or country) Orrville Mo.
---	-----------------------------	--	---

24. FUNERAL DIRECTOR Schrader Funeral Home Ballwin Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-17-59	26. REGISTRAR'S SIGNATURE John B. Murphy MD
--	---------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Baltimore, Md.*

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.