

DATE AMENDED 5/25/61  
 INSTEAD OF Ray & None RR Ret.  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF Fun. Dir. 3 & 16 Roy & 579-09-7133  
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 9 Yrs.	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5763 McPherson Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5763 McPherson Ave.
3. NAME OF DECEASED (Type or print) First WILLARD Middle RAY Roy Last STICKEL		4. DATE OF DEATH May 1, 1961	
5. SEX M.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/26/1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dining Car Steward		10b. KIND OF BUSINESS OR INDUSTRY Pennsylvania Railroad	11. BIRTHPLACE (City and state or country) Greenville, Ohio
13a. FATHER'S NAME William G. Stickel		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Hazel I. Stickel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Hazel I. Stickel 5763 McPherson St. Louis 12	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 4200 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH 20 min Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardiovascular Disease			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. Month, Day, Year			
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, 1958, to present and last saw him alive on April 1961 Death occurred at 4 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Colin Davidson M.D.		22b. ADDRESS 600 Union Blvd.	22c. DATE SIGNED 5/1/1961
23a. BURIAL, CREMATION, / REMOVAL (Specify) Removal-rail	23b. DATE 5/1/1961	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Columbus, Ohio
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar Blvd. St. Louis		25. DATE RECD. BY LOCAL REG. MAY 1 1961	26. REGISTRAR'S SIGNATURE Lead Smith, M.D.

**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 Joseph E. McCullough

Licensed Embalmer No. 2460

P. O. Address 6175 Delm

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.