

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003439

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **549** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
Rev. 4/59						
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75	SHOULD READ	OR	TYPewriter RIBBON			

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 38 Yrs.	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 CITY HOSP. #1.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2340a Virginia Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EVERETT Middle J. Last FICKE			4. DATE OF DEATH Month JAN. Day 16, Year 1963
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 7/23/20
9. AGE (last birthday) 42		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Clerk		10b. KIND OF BUSINESS OR INDUSTRY Unemployed	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Ernest Ficke	
14. MOTHER'S MAIDEN NAME Ida Shelton		15. NAME OF HUSBAND OR WIFE Jessalyn Ficke	
16. WAS DECEASED EVER, IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. 5272	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY INSUFFICIENCY DUE TO (b) SCLEROTIC LEMMA LUNG DISEASE DUE TO (c) CHRONIC COR PULMONALE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. INTERVAL BETWEEN ONSET AND DEATH	
20. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
22. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 5272		23. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. CITY, TOWN, OR LOCATION 1/14/63 to 1/16/63 and last saw her alive on 1/16/63		27. COUNTY STATE	
28. I attended the deceased from 5:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.		29. SIGNATURE (Degree or title) Thomas J. Rubin M.D.	
30. ADDRESS 1515 LAFAYETTE AVE.		31. DATE SIGNED 1/16/63	
32. BURIAL, CREMATION, REMOVAL (Specify) Removal		33. DATE 1-18-63	
34. NAME OF CEMETERY OR CREMATORY St. Trinity		35. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
36. FUNERAL DIRECTOR McLaughlin, 2301 Lafayette, St. Louis Mo		37. DATE RECD. BY LOCAL REG. JAN 18 1963	
38. REGISTRAR'S SIGNATURE Head 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

H. G. Farris

Licensed Embalmer No.

3384

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.