MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12549

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 12549

Township ..... Primary Registration District No. ..... Registered No. 3074

City St Louis Mo (No. St Louis Children's Hospital St. ..... Ward)

2. FULL NAME Herman Chicks

(a) Residence. No. 1624 Carr St St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: 12
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6-28-28

7. AGE: Years | Months: 8 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓ 107A
(b) General nature of industry, business, or establishment in which employed (or employer): ✓ 89A
(c) Name of employer: 104A

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Oliver Chicks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Poplar Bluff
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Melba Easley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Poplar Bluff
(STATE OR COUNTRY) Mo.

14. INFORMANT L. Koetting
(Address) 500 S Kingshighway

15. FILED ..... 1929 Max C Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-7- 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-27, 1929, to 3-7-, 1929 that I last saw him alive on 3-7, 1929, and that death occurred, on the date stated above, at 7:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
non Diphtheritic
acute rhinopharyngitis, & otitis media - 11 days
Broncho pneumonia - secondary
(duration) 0 yrs. 0 mos. 9 ds.

CONTRIBUTORY (SECONDARY) ~~Aspiration of milk~~
(duration) 0 yrs. 0 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Examination & autopsy
(Signed) A. C. Edwards, M.D.
3-7, 1929 (Address) 500 S. Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park Cem
DATE OF BURIAL: 3/11/ 1929

20. UNDERTAKER: Peoples Und Co.
ADDRESS: 3100 Franklin Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.