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

Do not use this space.

12629

File No.

Registered No. 3159

Registration District No. 791 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. 500 So. Kingshighway Children's Hosp (No. St. Ward)

2. FULL NAME Mary Alice Hickman

(a) Residence. No. 2844 Park Ave St., Adm Ward. 23
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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) 10-12-26

7. AGE: Years 2 | Months 5 | Days | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 129
(b) General nature of industry, business, or establishment in which employed (or employer) 104A
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Emmett Hickman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dunnras Co.
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Ida May Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dunnras Co. Mo

14. INFORMANT Kendrick
(Address) 500 So Kingshighway

15. FILED ....., 19.... Mary C. Hafker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-12-1929

17. I HEREBY CERTIFY, That I attended deceased from 3-10-, 1929 to 3-12-, 1929 that I last saw h. alive on 3-12-, 1929, and that death occurred, on the date stated above, at 11:59 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute rhinopharyngitis (non-diphtheritic) - about 10 days. Peritonitis - 7 days.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pleurisy - fibrinous
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3-10-29.

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Operation & autopsy

(Signed) A. C. Edwards, M. D.

3-12, 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 Rives Tenn. | DATE OF BURIAL 3/12 1929

20. UNDERTAKER W. M. McLaughlin | ADDRESS 1631 Mo.

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.