

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

16257

1. PLACE OF DEATH

County
Township
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 4296
St. Ward

2. FULL NAME

Josephine Hicks
(a) Residence No. 909 1/2 14 St. 22 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pet Hicks
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-15-1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 7 23

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

9. BIRTHPLACE (CITY OR TOWN) Jackson
(STATE OR COUNTRY) Tenn

PARENTS
10. NAME OF FATHER Bruant Gill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Jessie Barnett
(Address) 909 1/2 14 St

15. FILED PER 12 19 29 M. C. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-7 1929
17. I HEREBY CERTIFY, That I attended deceased from April 7, 1929, to April 7, 1929, that I last saw her alive on April 2, 1929, and that death occurred, on the date stated above, at 2:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pulmonary Tuberculosis
2:30
91A
P (duration) yrs. 2 mos. 1 ds.
CONTRIBUTOR (SECONDARY) Acute Endocarditis
(duration) yrs. 7 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS Ching Gab
(Signed) Geo. B. Gyles M. D.
4/8/29 (Address) 1744 Western Ave
*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 Green wood DATE OF BURIAL 4-12-1929

20. UNDERTAKER B. Leonard and Co ADDRESS 3702

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.

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