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

Do not use this space.

43001

File No. 12807

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 3728 Ohio a 1003 St. Ward)

Registration District No. 791

Primary Registration District No.

2. FULL NAME John Hickey

(a) Residence. No. 3728 Ohio a St., 24 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Hickey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 14 – 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	69	8	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer (District Private)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

PARENTS

10. NAME OF FATHER Dennis Hickey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Josephine Hickey (Address) 3728 Ohio a

15. FILED DEC 31 19 1929 Max C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 – 1929

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1929, to Dec 29, 1929 that I last saw him alive on Dec 29, 1929, and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

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(duration) Ans 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Interstitial Nephritis Chronic

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas E T Stuckers, M. D.

12/29, 1929 (Address) 3860 S Broadway

*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	DATE OF BURIAL
Mount Olive	Jan. 2 1930
20. UNDERTAKER	ADDRESS 6320
Southern	S. Grand Blvd