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

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.

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

Do not use this space.
3350 ~~3194~~ 2779

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 848

City St. Louis, Mo. (No. Alexian Bros Hospital St. ..... Ward)

2. FULL NAME John Warren Hicks

(a) Residence. No. Ferguson, Missouri St., 24 Ward. Ferguson Mo
(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	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hicks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 29, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	4	26	

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

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

PARENTS

10. NAME OF FATHER James Hicks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Sarah Hillis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT Jesse H. Hicks
(Address) Ferguson, Mo., Route 16

15. FILED JAN 27, 1930 Max C. Stanley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 25, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1930, to Jan 25, 1930 that I last saw him alive on Jan 25, 1930, and that death occurred, on the date stated above, at 9:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic myocarditis
9 30
9 7
..... (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis
..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) [illegible] M. D.
1-25, 1930 (Address) ~~[illegible]~~ 2708 Lynch to Sun Mo

*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
St. Matthews	Jan. 27 1930
20. UNDERTAKER	ADDRESS
Wackon Heldrich	2331 S. Brdwy.