

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

Do not use this space.

2513
File No. _____
Registered No. 203
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1008
City St. Louis 5th St. & Kingshighway St. _____ Ward _____

2. FULL NAME Ben Franklin Hickey

(a) Residence. No. 2632 No. Spring St. 11 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 10 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-16-29

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
2 10 20

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

9. BIRTHPLACE (CITY OR TOWN) Ky. 2
(STATE OR COUNTRY)

10. NAME OF FATHER Ben Franklin Hickey Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MO. 1

12. MAIDEN NAME OF MOTHER Elizabeth Chitwood

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

14. INFORMANT J. McElvin
(Address) 15th & Kingshighway

15. FILED 1511 - 61 1932 May 19 1932 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-6-32 19

17. I HEREBY CERTIFY, That I attended deceased from 1-5-32, 19, to 1-6-32, 19, that I last saw him alive on 1-6-32, 19, and that death occurred, on the date stated above, at 3:06 P.M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Secondary Bacterial Pneumonia Streptococcal + Pericardial Effusion, Streptococcal

CONTRIBUTORY (SECONDARY) Scarlet Fever
(duration) yrs. mos. ds. 6

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? yes (1)

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Lawrence S. G. ... M. D.
1/6 1932 (Address) St. L. Children's Hosp.

*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 Valhalla DATE OF BURIAL 1-7-1932

20. UNDERTAKER a. S. Ross & M. Co ADDRESS 2707 1/2 Grand

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

MARGIN RESERVED FOR BINDING

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.

V. NO. 2.

1-6-32

OK

J. Ab. Smith, M.D.