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.

37601

File No. .....

Registered No. 10278

1. PLACE OF DEATH

County ..... Registration District No. 79

Township ..... Primary Registration District No. 5005

City St Louis (No. City Hospital St. ..... Ward)

#1834

2. FULL NAME John Hicks

(a) Residence, No. 5233 Wren St., 7 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 22 - 1853

7. AGE: YEARS 79 | MONTHS 2 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Common
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Labor
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Smithfield Pa.

FATHER

13. NAME: James Hicks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Mary Luwelm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Hospital Information Grace Kopp City Hospital

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE: Lebanon Mo. DATE: 11/22 1932

19. UNDERTAKER (ADDRESS): H. A. Stock Undg. Co. 2117 E. Grand Blvd.

20. FILED: NOV 21 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12th, 1932, to Nov. 20th, 1932

I last saw him alive on Nov. 20th, 1932. Death is said to have occurred on the date stated above, at 12.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
137	
131	
99	

Other contributory causes of importance:
Chr myocarditis
Chr nephritis
Benign hypertrophy of prostate

Name of operation: Cystotomy Date of 10-19-32

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. M. Macnish, M. D.
(Address) City Hospital