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.

38463

File No. .....

Registered No. 10125

1. PLACE OF DEATH

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1003

City St Louis (No. City Hos. No 2 ..... St. ..... Ward)

2. FULL NAME Charlie Hickett

(a) Residence, No. 2116a Biddle St., 21 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: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Anna Hickett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1886

7. AGE: Years 47 | Months 9 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pullman Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 11 mo. 12 da 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine Bluff ark

FATHER

13. NAME John Hickett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) John Anna Wickett 2116 Biddle St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Nov 24 1933

19. UNDERTAKER (ADDRESS) Wiement & Son 2700 Wash St

20. FILED NOV 27 1933 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1933

22. ~~I HEREBY CERTIFY~~, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 a m.

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

	Date of onset
DPH	
Stab Wound of Abdomen	
Puncture of Stomach	
(Knife)	

Other contributory causes of importance: Homicide

Name of operation ..... Date of .....

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Hom. Date of injury 11/19, 1933

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Stabbed by person (Knife)

Nature of injury Stab Wound of Abdomen

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold R. Kelly, M.D.

11/21/33 (Address) Rep. Forbner.