

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.

JAN 13 1936

791

41013

1. PLACE OF DEATH

County.....
Township.....
City.....*St. Louis*

Registration District No.....
Primary Registration District No.....*1003*
(No. *St. John's Hospital*)

File No.....
Registered No.....*10225*
St..... Ward.....

2. FULL NAME

(a) Residence, No. *Charles L. Hicks*
(Usual place of abode) *4760 St. Louis Ave. 6* Ward.

(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Addie Hicks</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug. 2 - 1892</i>		
7. AGE	YEARS <i>63</i>	MONTHS <i>4</i>
	DAYS <i>1</i>	IF LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) *Fredricktown Mo.*
(STATE OR COUNTRY)

13. NAME *John Hicks*

14. BIRTHPLACE (CITY OR TOWN) *Madison Co., Mo.*
(STATE OR COUNTRY)

15. MAIDEN NAME *Helen Crane*

16. BIRTHPLACE (CITY OR TOWN) *St. Genevieve, Mo.*
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *Mo. Addie Hicks*
4760 St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE *W. Lebanon Cemetery* DATE *Dec. 6 1935*

19. UNDERTAKER (ADDRESS) *Mr. M. Schumacher*
4834 Natural Bridge

FILED *10225* 19 *St. Bredeck*
REG. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 3*, 19*35*

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 *9:15 p.m.*

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

Ischemic Haemorrhage of Brain, Fractured Ribs, Fractured Sternum, received when struck by street car in car shed in St. Louis, Mo. Deceased was a pedestrian.

Date of onset *1946*

Accident 2097

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

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accid.* Date of injury *12/3, 1935*

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.

Manner of injury *In Industry*
Struck by street car

Nature of injury *Fractured Ribs & Sternum*

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

If so, specify *Deceased was a conductor*

(Signed) *Harold R. R. R.* M.D.

(Address) *Dept. J*

STATE OF NEW YORK
IN SENATE
January 11, 1911.

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE
IN ANSWER TO A RESOLUTION PASSED BY THE SENATE
MAY 11, 1909.

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