

JAN 10 1938

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

43472
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City **St. Louis** (d) Street No. **2601 N Whittier** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. **6** mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

791/
1003

Registered No. **11722**

2. PRINT FULL NAME **Annie Hicks**
 (a) Residence, No. **201 S 22nd** St. **22**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 8, 1910**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 -- 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) **Arkansas**

FATHER 13. NAME **Willie Williams**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER 15. MAIDEN NAME **Martha ?**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **E. St. Louis, Ill.** DATE **12/22, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **R. M. C. Green**
3517 Laclede ave

20. FILED **DEC 21 1937**
J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 16** 19 **37**
 22. I HEREBY CERTIFY, That I attended deceased from **Sept. 29**, 19 **39**, to **Dec. 16**, 19 **37**
 I last saw h. **er.** alive on **Dec. 16**, 19 **37**. Death is said to have occurred on the date stated above, at **6:05** m. **p.m.**
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset **9/29/37**

Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** Was there an autopsy? **yes**

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) **A. L. Lewis**, M. D.
 (Address) **2601 N Whittier**

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.

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STATEMENT BY LICENSED EMBALMER

I, R. M. C. Green, Licensed Embalmer No. 1173

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, at Homeier & C.
Phillips Hospital, Dec. 17, 1937.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed R. M. C. Green

Licensed Embalmer No. 1173

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)