

FEB 12 1938

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

274  
Do not use this space.  
130

1. PLACE OF DEATH

(a) County ..... Registration District No. 7911  
(b) Township ..... Primary Registration District No. 10083  
(c) City St. Louis, Missouri (d) Street No. 5600 ARSENAL ST. 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 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ruby Hicks 200

(a) Residence, No. 3140 RUTGER Street St. 18  
(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 FEMALE 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 Luitenant Hicks  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 16 - 1903  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
34 10 16  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. COOK  
9. Industry or business in which work was done, as saw mill, bank, etc. Private Family  
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) MISSISSIPPI

13. NAME WILLIE WHITE

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

15. MAIDEN NAME THEDESIA PEQUES

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

17. INFORMANT (ADDRESS) A. LANE  
5600 ARSENAL ST.

18. BURIAL, CREMATION, OR REMOVAL 1-8-38  
HOLLY SPRING MASSISSIPPI DATE

19. FUNERAL DIRECTOR (ADDRESS) John Riley  
3755 Finney

20. FILED JAN 5 1938  
J. J. Fredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY - 2 1938  
22. I HEREBY CERTIFY, That I attended deceased from August 3 1937 to JANUARY - 2 1938  
I last saw her alive on Jan. 2 1938 Death is said to have occurred on the date stated above, at 6:20 p.m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
Other contributory causes of importance: 23  
Wm

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Dr. A. Boyden M.D., M. D.  
(Address) .....

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.

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 284

**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.)**