

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

4935
1938
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township St. Louis Mo. Primary Registration District No. **1003** Registered No. **1580**
 (c) City (d) Street No. **En route City Hospital #1** 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Benjamin Alfred Hickman 255
 (a) Residence, No. **4729 Washington B'lv'd.** St. **12**
 (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 **M.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Eliza C. Hickman.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 5th. 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Revolving door repair man.**
 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) **St. Louis Mo.**

FATHER 13. NAME **Benjamin A Hickman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Phila. Pa.**

MOTHER 15. MAIDEN NAME **Mary M. Rawlins**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bedford Ind.**

17. INFORMANT (ADDRESS) **Eliza C. Hickman 4729 Washington, St Louis Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellfontain** DATE **Feb 15th. 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Jay B. Smith Funeral Home 7456 Manchester, Maplewood Mo.**

20. FILED **FEB 14, 1938**

NO MEDICAL CERTIFICATE OF REFERENCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sun Feb 13th 1938**

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 **(9:25 A.M.)**

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

Chronic Myocarditis.

Chronic Nephritis.

Other contributory causes of importance: **131**

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? 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? **No**

If so, specify **Alfred Perry** (Signed) M. D.

(Address) **J. P. Bradley**

STATEMENT BY LICENSED EMBALMER

I, Howard Rowland, Licensed Embalmer No. 3114

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

L.E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Howard Rowland

Licensed Embalmer No. 3114

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.)