

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

9375
Do not use this space.

REC'D APR 11 1938

791
1003

Registered No. 2964

1. PLACE OF DEATH

(a) County Registration District No.

(b) Township Primary Registration District No.

(c) City St. Louis Mo. (d) Street No. Jewish Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Moora Hickman 255

(a) Residence, No. 209 W. Adams Ave St. Kirkwood Mo.
(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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Belt Hickman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	87	9	9	

OCCUPATION

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

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

10. Date deceased last worked in this occupation (month and year) Apr 28 1938 Total time (years) spent in this occupation 87

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

FATHER

13. NAME Benjamin Franklin Hickman

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Arthur R. Hickman 221 W. Adams Kirkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellfontaine Cem DATE 3/31 38

19. FUNERAL DIRECTOR (ADDRESS) Louis N. Bopp Kirkwood, Mo.

20. FILED MAR 29 1938 J. B. Bredt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1921, to Mar 29, 1938.

I last saw him alive on Mar 28, 1938. Death is said to have occurred on the date stated above, at 6:20 a.m.

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

Pulmonary Edema

Other contributory causes of importance:

- Congestive Heart Failure
- Arteriosclerosis

Date of onset 3-24-38

Name of operation None Date of

What test confirmed diagnosis? Phys. and X-ray Was there an autopsy? No

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

Accident, suicide, or homicide? X Date of injury , 1938

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

(Signed) Arthur R. Hickman, M. D.
(Address) 221 W. Adams Kirkwood, Mo.

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.

1-X12004

STATEMENT BY LICENSED EMBALMER

I, Louis W. Boyer, Licensed Embalmer No. 921

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 Louis W. Boyer
Licensed Embalmer No. 921

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.)