

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37982  
Registrar's No. 9821

Registration District No. 701

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1003  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community Unknown  
years, months or days)

8. (a) PRINT FULL NAME Mabel Hicks  
8. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color Col race Col  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 50 years  
(b) Name of husband or wife Jasper Hicks  
6. (c) Age of husband or wife if alive 17 years  
Birth date of deceased Feb 1901  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>8</u>	<u>30</u>	hr. min.

9. Birthplace Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_  
12. Name Thomas Holmes  
13. Birthplace Memphis Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Memphis Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jasper Hicks  
(b) Address 4224 E. Aldine

17. (a) \_\_\_\_\_ (b) Date thereof Nov. 20 1939  
(Burial, cremation, or removal) (Month) (Year)  
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. J. Green  
(b) Address 2915 Franklin Ave

19. (a) NOV 17 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4224 E. Aldine  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13  
year 1939 hour 9:55 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 11-7-, 1939 to 11-13-, 1939;  
that I last saw her alive on 11-13-, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease ABOUT 5  
YRS.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_  
23. Signature H. J. Lyman (M. D. or other) \_\_\_\_\_  
Address 2601 N. Whittier St. Date signed 11-16-1939

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

**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.)**

**If this body is not embalmed, above space should be left blank.**