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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23277

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5722

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3820 Fillmore 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits write "RURAL")

(d) Street No. 3820 Fillmore 1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ROSE A. HICKEY 200

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 19, 1897 (Month) (Day) (Year)

8. AGE: Years 42 | Months 6 | Days 15 | If less than one day hr. min.

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

10. Usual occupation Stenographer

11. Industry or business Anhueser-Busch

FATHER
12. Name Charles Hickey
13. Birthplace Cedarburg, Wisconsin (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Kramp
15. Birthplace Dane, Wisconsin (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. Lyons

(b) Address 3820 Fillmore

17. (a) Removal-shipment (Burial, cremation, or removal) (b) Date thereof 7-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation Milwaukee, Wisconsin

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) JUL 5 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1940 hour 11 minute 30p M.

21. I hereby certify that I attended the deceased from Nov 14, 1939, to July 4, 1940, that I last saw her alive on July 1st, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inanition	
Due to Carcinoma - General	
Due to Carcinoma of Cervix Uteri	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of Cervix	
Of autopsy No Autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed 7/5/40

(Licensed Embalmer's Statement on Reverse Side)

#5

Dr. Clancy
University Club Bldg
1-3

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

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.