No. 2
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FILED AUG 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26384

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1256

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson-Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Admitted 3/19/40 (Specify whether years, months or days)
In this community: - 3

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County:
(c) City or town: Carbondale
(If outside city or town limits write "RURAL")
(d) Street No.: 403 E. Chestnut Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME: Albert L. Hicks 200

3. (b) If veteran, name war: Spanish-American

3. (c) Social Security No.: -

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: -

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

7. Birth date of deceased: December 1, 1863 (Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace: - (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation: Brick Mason

11. Industry or business: - 9

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name: Rosie -
15. Birthplace: - (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: M. Schulley
(b) Address: Clinical Clerk, VAF, off. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7/6/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Carbondale, Illinois

18. (a) Signature of funeral director: R. M. C. Green
(b) Address: 251 Wesleyan Ave

19. (a) JUL 3 - 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1940 hour 3:45 minute p. M.

21. I hereby certify that I attended the deceased from March 19, 1940, to July 2, 1940, that I last saw him alive on July 2, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis, without edema but with an abnormal retention of nitrogen. — Duration: unkn.
Due to:
Due to:
Other conditions: Cerebral arteriosclerosis. Arteriosclerosis, generalized.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: -
Of autopsy: No autopsy.

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

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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: C. W. HUGHES, M.D., (M. D. or other)
Address: Ch. Med. Officer. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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. 1175

P. O. Address 3517 Locke

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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