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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30378 7655

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2831 S. 7th St. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elsie Hicks
3. (b) If veteran, name war ----
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kelly Hicks
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased March (Month) 29 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
34	5	13	hr. min.

9. Birthplace Wayne County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Home 9
11. Industry or business 9
MOTHER FATHER
12. Name James Hargate
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Lucinda Allen
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Kelly Hicks
(b) Address 2821 S. 7th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/40 (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont, Missouri Park
18. (a) Signature of funeral director Wacker-Waldrup Co.
(b) Address 2331 S. Broadway
19. (a) SEP 12 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12, year 1940 hour 7:30 minute A. M.
21. I hereby certify that I attended the deceased from September 5, 1940, to September 12, 1940 that I last saw her alive on September 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized peritonitis	
Due to Post operative	
Due to Cesarian Section	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of 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 Jerry Latteuda (M. D. or other)
Address 1515 Lafayette Ave. Date signed 9/12/40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Cwheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.