

1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
1941
791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30103
Registrar's No. 7442

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis mo.
(c) Name of hospital or institution: BARNES HOSPITAL
(d) Length of stay: In hospital or institution 7-30-39 to 9-14-41
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis
(d) Street No. Mark Twain Hotel-116 N. 8th St
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country ?

3. (a) PRINT FULL NAME Dorah Jane Hickman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 14
year 1941 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 7-30
1939 to 9-14 1941;
that I last saw her alive on 9-14-41 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Newton G. Hickman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown 1856
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia Duration 2 da.
Due to Senility
Due to arteriosclerosis, generalized Rheumatoid arthritis
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
85 Unknown hr. _____ min. _____
9. Birthplace Mo. (City, town, or county) (State or foreign country)
10. Usual occupation None

PHYSICIAN
Major findings: 107
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
12. Name J. A. Lender
13. Birthplace Kentucky
14. Maiden name Nancy Carpenter
15. Birthplace Kentucky
16. (a) Informant Mrs. Stapleton
(b) Address Mark Twain Hotel
17. (a) Burial (b) Date thereof 9-17-41
(c) Place: burial or cremation Clarksburg, Mo.
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindbergh Blvd
19. (a) SEP 15 1941 (b) J. Buedick
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) (e) Means of injury ?
23. Signature W. J. Swellman (M. D. Swellman)
Address BARNES HOSPITAL Date signed 9-15-41

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

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address. *3840 Lindell*

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.