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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAR 17 1942
 Registration District No. 7911

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
 Primary Registration District No. 1003

State File No. 4453
1427
 Registrar's No. _____

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:
Missouri Baptist Hospital.
(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 Missouri (b) County _____
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. # 415 No. 12th St.,
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FRANK O. HIGKS.
 (b) If veteran, name war None
 (c) Social Security No. None
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Mary A. Higgs
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: June ? 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 13th
 year 1942 hour 1:05 minute A. M.
 21. I hereby certify that I attended the deceased from Feb 6 1942 to Feb - 13 1942
 that I last saw him alive on Feb - 13 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months Unknown. Days _____ If less than one day _____ hr. _____ min.
 9. Birthplace Magnolia Arkansas
(City, town, or county) (State or foreign country)
 10. Usual occupation Former Vice President;
 11. Industry or business 1st National Bank.
MOTHER FATHER
 { 12. Name George F. Hicks
 { 13. Birthplace Columbia Co. Arkansas
(City, town, or county) (State or foreign country)
 { 14. Maiden name Catherine Rose
 { 15. Birthplace Columbia Co. Arkansas
(City, town, or county) (State or foreign country)
 16. (a) Informant L. P. McAubtion
 (b) Address Paris, Texas
 17. (a) cremation (b) Date thereof Feb. 16/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Crematory
 18. (a) Signature of funeral director C. R. Lupton & Sons.
 (b) Address 7233, Delmar, Blvd.
 19. (a) FEB 16 1942 (b) J. J. Prudeck
(Date received local registrar) (Registrar's signature)

Immediate cause of death Branchio-Pneumonia
 Due to _____
Psychitis & Cystitis
Prost. calculous catarrhal
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death) 1330
 Major findings: _____
 Of operations _____
 Of autopsy Yes
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?
 While at work? _____
(Specify type of place) (Means of injury)
 23. Signature George E. McCallum M. D. or other _____
 Address 812 Olive Street Date signed 2/16/42

112 Olive
121 + 3-5 P.M.
C.H. - 9261

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 Bradford A. Soule
Licensed Embalmer No. 2901
P. O. Address University City, 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, fact should be so stated above.