No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9395

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2604

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 St. Mary's Infirmary (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether

In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED: NR

(a) State Illinois (b) County St. Clair 999

(c) City or town E. St. Louis (If outside city or town limits, write "RURAL") 110

(d) Street No. 1208 So. 16th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Norvella Wicks

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased Sept. (Month) 3, (Day) 1929 (Year)

8. AGE: Years 12 | Months 6 | Days 19 | If less than one day ___ hr. ___ min.

9. Birthplace Corinth (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation School girl

11. Industry or business Dunbar School

FATHER
12. Name Wallace Wicks
13. Birthplace Corinth (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Wallace Wicks

(b) Address 1208 So. 16th

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. (Month) 23, (Day) 1942 (Year)

(c) Place: burial or cremation E. St. Louis

18. (a) Signature of funeral director C. T. Nash

(b) Address 111 N. 13th St.

19. (a) MAR 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1942 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from 3-7-42 to 3-22-1942; that I last saw her alive on 3-22-42; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tbc | Duration 2 mos.

Due to

Due to

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 Lucius S. Davis (M. D. or other) M. D.

Address 1536 Papin Date signed 3/23/42

(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

at 3847 Page, Registered Apprentice No.

working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2452

P. O. Address

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.