

97  
S. No. 2  
M-9-4-41  
ev. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19654

FILED JUL 6 1942

State File No.

5337

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

00  
17  
9

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

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  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days  
(Specify whether years, months or days)

In this community 40 year

2. USUAL RESIDENCE OF DECEASED:

(a) State MO County 000

(c) City or town St. Louis 117  
(If outside city or town limits, write "RURAL")

(d) Street No. 2637 N. Spring  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Benjamin F. Hickey

3. (b) If veteran, name war NO

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19, year 1942 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from June 16, 19 42 o. June 19, 19 42, that I last saw him im alive on June 19, 19 42 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept 7 1875  
(Month) (Day) (Year)

Immediate cause of death: Cerebrovascular hemorrhage & middle cerebral artery 1 day

Due to Hypertension essential ? yrs

Cardiac hypertrophy ? yrs

Other conditions: Bronchial asthma ? yrs  
(Include pregnancy within 3 months of death)

8. AGE: Years 66 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Summerville MO  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business Lab - Quarry Works

12. Name Benjamin Hickey

13. Birthplace MO  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann

15. Birthplace MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Hickey

(b) Address 2637 N. Spring

17. (a) Funeral (b) Date thereof 6/22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Life Church

18. (a) Signature of funeral director E. Carl White

(b) Address 4759 Lindell

19. (a) JUN 22 1942 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

Major findings: None  
Of operation

Of autopsy Same

Duration

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.....

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)

(c) Means of injury 0

23. Signature Geo. J. Moore (M, D, or other)  
Address: 1515 Lafayette Avenue Date signed 6/19/42

**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

*Arnold W. Schene*

Licensed Embalmer No.

*3864*

P. O. Address

*St. Louis*

**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.**