S. No. 2
M—9-4-41
v. 5-17-39
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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

22816

State File No.

AUG 14 1942

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6681

**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. Marys Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 3 days (Specify whether years, months or days)
In this community 25 years

**2. USUAL RESIDENCE OF DEACESED:** 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 199
(If outside city or town limits, write "RURAL")

(d) Street No. 4462 Enright Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Edith Hicks

3. (b) If veteran, name war --

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Fred Hicks

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October 20th. 1880 (Month) (Day) (Year)

8. AGE: Years 61 | Months 9 | Days 13 | If less than one day hr. min.

9. Birthplace Oak Ridge (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation Car Cleaner

11. Industry or business Pullman Company

FATHER
12. Name Unavailable
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Edith
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Fred Hicks
(b) Address 4462 Enright Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) AUG 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 3rd. year 1942 hour 3.20 minute P. M.

21. I hereby certify that I attended the deceased from May 1st. 1942 to August 3rd. 1942 that I last saw her alive on August 3rd. 1942 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic Myocarditis | ? |
| Due to Chronic Nephritis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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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 [signature] (M. D. or other)
Address 8228 N. Jefferson Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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## 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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

**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.**