

Filed **NOV 6 1943** 18

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Stone Nursing Home 44373 W. Beau  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 months  
(Specify whether  
In this community 40 years  
years, months or days)

3. (a) PRINT FULL NAME Dora Hykins

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Noah Hykins 6. (c) Age of husband or wife if alive 11 years 1880

7. Birth date of deceased Feb. (Month) 11 (Day) 1880 (Year)

8. AGE: Years 82 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Russia (City, town, or county) 6 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housework

12. Name Vellvio Simpkins

13. Birthplace Russia (City, town, or county) 6 (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace Russia (City, town, or county) 6 (State or foreign country)

16. (a) Informant Mrs. Ella Bender  
(b) Address 5775 Kingsbury

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 27 42 (Month) (Day) (Year)  
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Cherhandler  
(b) Address 4469 Washington

19. (a) OCT 27 1943 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 5775 Kingsbury (If rural, give location) 4 5th  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26  
year 1942 hour 11:30 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 19 1942 to Oct 26 1942  
that I last saw her alive on Oct 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration

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? —

While at work? (Specify type of place) (d) Means of injury 0

23. Signature W. H. Jost (M. D. or other) MD  
Address 1901 Madison Date signed 10/24/42

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W. B. Kenhardt*

.....  
Licensed Embalmer No.....

*2609*

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.**