

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44944
Registrar's No. 2600

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis Co.
(b) City or town St. Louis Mo
(c) Name of hospital or institution Old Folks Home 5
(d) Length of stay: In hospital or institution 5 years
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Hickwood
(d) Street No. 799 - S. Harrison
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Mollie Hicks

3. (b) If veteran, name war. No. 8. (c) Social Security No.

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

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

7. Birth date of deceased. Dec 25 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 213 If less than one day hr. min.

9. Birthplace Simpsonville Mo (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Housemaid

12. Name John Hicks

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

14. Maiden name Sarah Taylor

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

16. (a) Informant Addie Webb

(b) Address 799 So Harrison av Hickwood

17. (a) Burial (b) Date thereof Dec 11 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director John W. Hempfyll

(b) Address 408 So Filson av Hickwood Mo

19. DEC 11 1942 (Date received local registrar) (c) G. McArthur (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1942 hour 9 minute 4 M.

21. I hereby certify that I attended the deceased from Dec - 3 - 1942 to Dec 8 1942; that I last saw her alive on Dec - 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 7 days

Due to

Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature J. P. Curney (M. D. or other)

Address St. Louis Date signed 12/19/42

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

9600

707

(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 _____

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

Signed *W. R. Houston*

Licensed Embalmer No. *226*

P. O. Address *2812 Thoms. St.*

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, above space should be left blank.