

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Childrens Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2mo. 15 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Granite City Ill.
(If outside city or town limits, write "RURAL")
(d) Street No. 2124 Illinois Granite City
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME (Carol) ANN Hickerson

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 0

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

7. Birth date of deceased 12-12-1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 22 _____ hr. _____ min.

9. Birthplace Granite City Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Clarence Hickerson

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

14. Maiden name Wilda Hassell

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

16. (a) Informant Clarence Hickerson

(b) Address 2124 Illinois Ave.

17. (a) Removal (b) Date thereof 4-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Granite City

18. (a) Signature of funeral director [Signature]

(b) Address Granite City Ill.

19. (a) APR 7 1943 (b) [Signature]
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 2
year 43 hour 10:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from 1
25, 1943, to 4-2, 1943
that I last saw her alive on 4-2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chylothorax Duration 2 1/2 mo.

Due to _____

Due to 101

Other conditions _____
(Include pregnancy within 3 months of death)

22. 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?

23. Signature [Signature] (Specify type of place) _____
(M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

61288

61288

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.....

Charles E Mercer

Licensed Embalmer No. 2988

P. O. Address, Waukegan City Ill

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.