

FILED AUG 18 1943
Registration District No. 318

Primary Registration District No. 1003

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community 30 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
911

(d) Street No. 4408 Aldine
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Ida Hicks

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2,
year 1943 hour 5 minute 15 A. M.

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

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

7. Birth date of deceased February 7, 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 19, 1943 to August 2, 1943; that I last saw her alive on August 2, 1943; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
50 5 22 25 hr. min.

Immediate cause of death.....
Acute Nephritis
Prob. Cerebral Thrombosis

Duration
Unk.
Terminal

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

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) 83

10. Usual occupation Nil

Major findings:
Of operations.....
Of autopsy.....

11. Industry or business.....

MOTHER FATHER { 12. Name John Irvin

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

14. Maiden name May Flemming

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier

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?.....

17. (a) Burial (b) Date thereof 8-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

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

19. (a) AUG 6 1943 (b) J. F. Bredeck
(Date received local registry) (Registrar's signature)

23. Signature S. E. Smith (M. D. or other)
Address 2601 Whittier Date signed 8/3/43
While at work (Specify type of place) (e) Means of injury 0

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.....

Licensed Embalmer No.....

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.