V. S. No. 2
00M—2-43
Rev. 1-43

FILED SEP 21 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 30924

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8212

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 7 days (Specify whether
In this community Life 0
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

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

(d) Street No. 2313 Market
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Alma Hicks

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race C

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 5 (Month) 17 (Day) 1900 (Year)

8. AGE: Years 43 Months 3 Days 25 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MOD (State or foreign country)

10. Usual occupation HOUSEWORK.

11. Industry or business

FATHER
12. Name TOM HICKS
13. Birthplace (City, town, or county) TENN (State or foreign country)

MOTHER
14. Maiden name MATTIE TUTTLE.
15. Birthplace Troy (City, town, or county) MOD (State or foreign country)

16. (a) Informant Edna Thomas
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington

19. (a) SEP 15 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September, day 12, year 1943 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from September 5, 1943 to September 12, 1943 that I last saw her alive on September 12, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Hypertensive Heart Disease with Decompensation | Unknown |
| 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 9/14/43

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Arthur L Hellbard

Licensed Embalmer No. 4221

P. O. Address 4219 a E Garfield

**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.**