

S. No. 2
DM-5-43
v. 5-17-39
I X36671

9051
2717

State File No.
Registrar's No.

FILED MAR 27 1944
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 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:
3141 1/2 Lucas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 years years, months or days)

3. (a) PRINT FULL NAME Mary Hicks

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

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

6. (b) Name of husband or wife Alvin Hicks 6. (c) Age of husband or wife if
alive 33 years

7. Birth date of deceased Nov 17 1906
(Month) (Day) (Year)

8. AGE: Years 37 Months 2 Days 0 If less than one day
hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name George Spens

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

14. Maiden name Cora Hunt

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

16. (a) Informant Alvin Hicks

(b) Address 3141 1/2 Lucas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/44
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin Ave

19. (a) Jan 2 (Date received local certificate) (b) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 3141 1/2 Lucas
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1944 hour 12 minute 25 M.

21. I hereby certify that I attended the deceased from Feb. 1, 1944
_____ 19____, to Mar. 16, 1944
_____ 19____;

that I last saw her alive on March 16, 1944 _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
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)
Means of injury _____

23. Signature Arthur D. Benson (M. D. or other)
Address 3100a Lucas Ave. Date signed 3/17/44

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

J. A. Green

Licensed Embalmer No. 2963

P. O. Address 2910 Franklin Ave

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.