

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 22 1944

318

Primary Registration District No. 1003

Registrar's No. 9601

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: St. Lukes Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Jessie M. Hickman3. (b) If veteran, name war No 3. (c) Social Security No.4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Ogal Hickman 6. (c) Age of husband or wife if alive 17 years (Month) (Day) (Year)7. Birth date of deceased Feb. 17 1892
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
52 8 23 hr. min.9. Birthplace McDonough Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Postmaster11. Industry or business Post Office
Name Benton Stookey12. Birthplace Illinois
(City, town, or county) (State or foreign country)13. Maiden name Georgia Ann Williams
Birthplace Illinois
(City, town, or county) (State or foreign country)16. (a) Informant Jack Hickman
(b) Address Arcadia, Kansas17. (a) Removal (b) Date thereof 11-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Missouri18. (a) Signature of funeral director Norman Rindhoff(b) Address 5216 Delmar Blvd.19. (a) NOV 13 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County McDonough
 (c) City or town Goodhope
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1944 hour 3 minute 20 P.M.21. I hereby certify that I attended the deceased from Nov 10 1944 to Nov 10 1944
that I last saw her alive on Nov 10 1944
and that death occurred on the date and hour stated above.Immediate cause of death Meniengitis, Syphilitic
Due to MeniengitisDue to 89

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Same

Of autopsy

Duration

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? No (If yes, specify type of work) (If D. or other)23. Signature J. F. Bredeck (If D. or other)Address St. Louis Date signed 11-11-44

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..... *Ronald W. Zahner*.....

Licensed Embalmer No..... *3977*.....

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.

AFFIDAVIT

STATE OF KANSAS)
 (
County of Crawford) ss.

To Whom It May Concern:

I, Jack Hickman of Arcadia, Kansas, being duly sworn, deposes and says:

I am the son of Ogle Hickman and Jessie M. Hickman. That Jessie M. Hickman, my mother, died at St. Lukes Hospital, St. Louis, Missouri, November 10, 1944; and that Bessie Hickman whose name appears in the certified copy of the death certificate filed in the Bureau of Vital Statistics, city of St. Louis, Missouri, Register File # 9601, dated December 1, 1944, is one and the same party as Mrs. Jessie Hickman.

The affiant further says:

That there was an error in furnishing the data in the death certificate and her name is not Bessie Hickman and should appear in the death certificate as Jessie M. Hickman.

Ogle Jack Hickman
Signed Jack Hickman

Subscribed and sworn before me, a notary public in Arcadia, Kansas, this 5th day of February, 1945.

J. H. H.

Notary Public

My Commission expires July 28, 1946

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12/2/80