

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39426

FILED JAN 15 1945
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 11112

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

1. PLACE OF DEATH:
(a) County St. Lo
(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:
3102 Clark Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 50 yrs (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Lucile Hicks
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex 3 female 5. Color or race Colored 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 54 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Reed
15. Birthplace Louisville, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Campbell Smith
(b) Address 3102 Clark

17. (a) Burial (b) Date thereof: 12-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Colony Center

18. (a) Signature of funeral director J. L. Beal and Co
(b) Address 7726 Lucas Ave

19. (a) DEC 27 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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. 3102 Clark (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 44 hour 3 minute _____ A. M.
21. I hereby certify that I attended the deceased from Dec 26
1944 to Dec 26 1944
that I last saw her alive on Dec 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____
Due to Hypertension
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) (e) Means of injury _____
23. Signature W. L. Speer (M. D. or other)
Address 2316 Maple Date signed Dec 27

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. Heilliard

Licensed Embalmer No.

4221

P. O. Address

1154 Bayard.

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.