. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11335

FILED MAY 12 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3632

1. PLACE OF DEATH:

(a) County City of St Louis

(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: Barnes Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County White

(c) City or town Carmi Rural #3 (If outside city or town limits, write "RURAL")

(d) Street No. Rural Route #3 (If rural, give location) NR

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Loyd Lawrence Hickling

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helena Hickling

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May (Month) 11 (Day) 1900 (Year)

8. AGE: Years 44 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Carmi, Ill White county Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Lawrence W. Hickling
13. Birthplace Carmi Ill Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Merka Brown
15. Birthplace Carmi White county Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Helena Hickling

(b) Address Carmi Ill RR #3

17. (a) Burial Removal (Burial, cremation, or removal) (b) Date thereof Apr 24 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Carmi, Ill.

18. (a) Signature of funeral director Walton & Stein

(b) Address Carmi Illinois

19. (a) APR 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1945 hour 1 minute 35 A M.

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

Immediate cause of death Labor Pneumonia Fracture of Ribs. Fracture of Rt Femur. Due to when the building he was roofing in Carmi Illinois Collapsed and Due fell on him on April 23 1945 about 5.30 P.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 195
Of autopsy 40

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) Accident 3b

(b) Date of occurrence April 23 1945

(c) Where did injury occur? Carmi Ill (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Work (Specify type of place)

While at work? (e) Means of injury as above

23. Signature [illegible] (M.D. or other)

Address [illegible] Date signed 4/24/45

(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 Ray E. Campbell

Licensed Embalmer No. 13981

P. O. Address St. Louis Mo

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.