

FILED AUG 3 1945

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.....
(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 3 days
In this community 15 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Hicks

3. (b) If veteran, name war..... 3. (c) Social Security No. 488 09 697

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

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

7. Birth date of deceased: Oct. 15 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 9 5 hr. min.

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

10. Usual occupation Janitor

11. Industry or business.....

MOTHER FATHER
12. Name Josh Hicks
13. Birthplace Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Lonnie Halliburton
15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Hicks
(b) Address 5235 Manchester

17. (a) Burial (b) Date thereof July 25 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) JUL 23 1945 (b) J. H. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 010
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5235 Manchester (rear) 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20,
year 1945 hour 5 minute 35 A. M.

21. I hereby certify that I attended the deceased from July
17, 1945 to July 20, 1945;
that I last saw h. im alive on July 20, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death: Autopsy: Coronary Occlusion

Due to Hypertensive cardio-vascular disease (History)

Due to.....

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations.....
Of autopsy.....

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 B. F. Murphy (M. D. 000000)
Address 2601 Whittier Date signed 7/20/45

Duration Terminal
Unk.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Joel Russell

Licensed Embalmer No. *4112*

P. O. Address *St Louis*

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.