

FILED JAN 25 1946

Registration District No. **318** Primary Registration District No. **1003**

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: 2315 Clark
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 32 years
(Specify whether years, months or days)

In this community: 32 years

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.: 2315 Clark
(If rural, give location)

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

If yes, name country: _____

3. (a) PRINT FULL NAME: John Henry Hicks

3. (b) If veteran, name war: -

3. (c) Social Security No.: 499-01-4190

20. DATE OF DEATH: Month 1 day 10 year 46 hour 7 minute 10 A.M.

4. Sex: M 5. Color or race: N

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Clara Hicks

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: (Month) 7 (Day) 7 (Year) 79

21. I hereby certify that I attended the deceased from 9-8, 1945, to 1-10, 1946 that I last saw him alive on 1-10, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 0 Days 4 If less than one day hr. - min. -

Immediate cause of death: Bronchogenic Carcinoma with generalized metastasis

Due to: _____

9. Birthplace: Jefferson County Ark
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

Other conditions: Essential Hypertension
(Include pregnancy within 3 months of death)

Due to: M

11. Industry or business: _____

12. Name: Sam Hicks

13. Birthplace: Unknown N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name: Elvora Turner

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

Major findings: _____

Of operations: _____

Of autopsy: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Clara Hicks

(b) Address: 3136 Pine, St. Louis, Mo

17. (a) Burial (b) Date thereof: 1-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park Cem

18. (a) Signature of funeral director: J. W. Bruce

(b) Address: 1003 N. Harrison Ave.

19. (a) JAN 14 1946 (b) J. F. Bredecker
(Date and local registrar) (Registrar's signature)

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: R. Englemann M.D.
Address: 4102 E. Sprague, St. Louis Date signed: 1-17-46

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

2604

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..... *Clayton Young*

Licensed Embalmer No. *3371*

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.