

FILED APR 24 1946
 Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3153**

1. PLACE OF DEATH:
 (a) County _____
 (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 Marys Inf. O
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)
 In this community 13 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Ill. (b) County St Clair
 (c) City or town East St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2627 St Louis Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Queenie Hicks
 3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Albert Hicks 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased July 31 1911
(Month) (Day) (Year)

8. AGE: Years 34 Months 8 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business at Home

12. Name Charles Armstrong

13. Birthplace Ala
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Fearn

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

16. (a) Informant Albert Hicks

(b) Address 2627 St Louis Ave East St Louis Ill

17. (a) Removal (b) Date thereof April 15 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director J. Marshall

(b) Address 2205 N. 1st St East St Louis Ill

19. (a) APR 15 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1946 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from 3-29-46 to 4-11 1946
 that I last saw her alive on 4-11 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute hepatitis
 Duration 2 wks

Due to not known

Due to _____

Other conditions Spontaneous Abortion
(Include pregnancy within 3 months of death)
(Macerated Fetus - 3/24/46)

Major findings: Full Term

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) (a) Means of injury ○

23. Signature H. H. Roberts (M. D. or other) MD

Address 1421 Kansas Date signed 4/15/46

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

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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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. Harris St.

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.