S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25336

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6566

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: Enroute to Homer Phillips
(If not in hospital or institution, write street number or location)

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

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. 909 Ohio St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles W. Hickson

3. (b) If veteran, name war World War I 3. (c) Social Security No.

4. Sex Male 2 5. Color or race Col. 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Ruth Hickson 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 13 (Day) 1892 (Year)

8. AGE: Years 54 Months 5 Days 11 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business unknown

FATHER
12. Name Charles H. Hickson
13. Birthplace Cairo (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Fanny Simmerman
15. Birthplace Cairo (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Fanny Knight
(b) Address 1114a Pendleton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation National

18. (a) Signature of funeral director Alvin Dailes
(b) Address 3506 Franklin Ave

19. (a) JUL 26 1946 (Date received, local registrar) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1946 hour 5 minute 45 P.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 Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Taylor (M.D. or other) Dep. Cor

Address 1300 Clark Date signed 7-26-46

(Licensed Embalmer's Statement on Reverse Side)

JUL 26 1945

Encl. separate Cert to be filled

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.....

Licensed Embalmer No.....

P. O. Address.....

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.