S. No. 2
M—2-43
. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1947

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 15181

Registrar's No. 2050

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town Kirkwood (If outside city or town limits, write "RURAL") 4
(d) Street No. 515 E. Argonne (If rural, give location) NR
(e) Citizen of foreign country? No (Yes or No) 3
If yes, name country 1

3. (a) PRINT FULL NAME CLEMENT S. HICKMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Celeste

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug. 31, 1860 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation Private Sec.

11. Industry or business J. S. Kennard Co.

MOTHER FATHER

12. Name Benjamin Franklin Hickman

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

14. Maiden name Mary Moore

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

16. (a) Informant Mrs. Celeste Hickman
(b) Address 515 E. Argonne Dr. Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/47 (Month) (Day) (Year)
(c) Place of burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne DR. Kirkwood, Mo.

19. (a) APR 19 1947 (Date received local registrar) (b) D. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1947 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 24, 1947, to April 17, 1947, that I last saw him alive on April 17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 4 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Lateral Cervical Fracture

Major findings: Right Femur 3-30-47

Of operations —

Of autopsy —

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
(b) Date of occurrence Nov 30 1947
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? See above (Specify type of place)
While at work? No (e) Means of injury Fall
Arm & Vertebra
(f) Signature Wm H Anderson (M. D. or other)
Address 701 N. Kingshighway Date signed 7-9-47

(Licensed Embalmer's Statement on Reverse Side) Kirkwood, Mo.

NOV 18 194

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.....Felix Durand.....

Licensed Embalmer No.....3634.....

P. O. Address.....K. Kwood (22) M

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.