

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18936

FILED JUN 13 1947 318

1003

5510

Registration District No. Primary Registration District No. Registrar's No.

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: 2719^a Elliott
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... NANNIE O. HICKS (Specify whether years, months or days (NANNIE) O.)

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. 2719^a Elliott ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 2 P.M.
year 1947 hour 5:30 minute

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Hicks
6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from SEPT-19-46 to 6-2-47
that I last saw her alive on 6-2-47
and that death occurred on the date and hour stated above.

7. Birth date of deceased January 29 1856
(Month) (Day) (Year)
8. AGE: Years 91 Months 4 Days 3
If less than one day hr. min.

Immediate cause of death.....
CEREBRAL-HAEMORRHAGE 3 days

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

Due to ARTERIO-SCLEROSIS 2

10. Usual occupation at home

Due to CHRONIC-MYOCARDIUM 2

11. Industry or business none

Other conditions.....
(include pregnancy within 3 months of death)

12. Name not known

Major findings:
Of operations..... 9/2

13. Birthplace not known
(City, town, or county) (State or foreign country)

Of autopsy.....

14. Maiden name not known

22. If death was due to external causes, fill in the following:

15. Birthplace not known
(City, town, or county) (State or foreign country)

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)

16. (a) Informant Arthur Hicks
(b) Address 2719^a Elliott

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

17. (a) Burial, cremation, or removal Memorial Park
(b) Date thereof 6-4-47
(Month) (Day) (Year)

While at work?..... (e) Means of injury.....
23. Signature J. J. Nawrocki
Address 1198 Madison St Date signed 6-3-47

18. (a) Signature of funeral director A. K. L. & U. Co
(b) Address 2707 N. Grand Blvd

19. (a) JUN 3 1947 (Date received local registrar)
(b) J. F. Brenek (Registrar's signature)

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

MOTHER FATHER

PHYSICIAN
Underline the cause of 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

Stanley H. Dixon

Licensed Embalmer No.

4193

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.