

No. 2
-1/47
5-17-39

National Office of Vital Statistics
FILED OCT 4 1947

Registration District No. **318**

Primary Registration District 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: **HOMER G. PHILLIPS HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 months**
(Specify whether years, months or days) **over 5 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2404 Newstead**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lillian Hicklin**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. _____

4. Sex **F-3** 5. Color or race **COI** 6. (a) Single, widowed, married, divorced **W-2**
6. (b) Name of husband or wife **Unk** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE **About 57** years Months Days If less than one day hr min

9. Birthplace **St. Louis, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maid**

11. Industry or business _____

12. Name **Charles Walker**

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

14. Maiden name **Alice McCune**

15. Birthplace **Unk. Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Florence Ross**

(b) Address **4209 W. Finney**

17. (a) **Burial** (b) Date thereof **9-25-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **G. B. ...**

(b) Address **4303 ...**

19. **SEP 25 1947** (b) **J. F. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **21**
year **1947** hour **8** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **May 17**, 19**47**, to **Sept. 21**, 19**47**;
that I last saw her **ex. alive** on **Sept. 21**, 19**47**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of Left Femur Secondary Pathological**

Due to **Left Thigh Fibrosarcoma**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **Same as above**

Duration

Und

PHYSICIAN

Underline the cause of 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 _____ (b) Means of injury _____

23. Signature **Burton Phillips** (M. D. or other) _____

Address **2601 N Whittier**

Date signed **8-22-47**

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

MOTHER FATHER

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 _____

Nora F. Wilson

Licensed Embalmer No. _____

4435

P. O. Address _____

2618 Bellegrad

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.