. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43124

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11447

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Firmin Desloge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ooo

(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL")

(d) Street No. 1734 MISSOURI 9 (If rural, give location)

23

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Hickison

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Emma MARGIE Hickison

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased MARCH (Month) 2 (Day) ~~1885~~ 1886 (Year)

8. AGE: Years 61 ~~62~~ Months 9 Days 11 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation UPHOLSTER

11. Industry or business

12. Name JOHN HICKISON

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

14. Maiden name MARY WARREN

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

16. (a) Informant Emma MARGIE HICKISON

(b) Address 1734 MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-16-47 (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEM

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette

19. (a) (Date received local registrar) (b) DEC 15 1947 J. F. Bradeck (Registrar's signature)

Call by [illegible] 6-22-48 K.C. [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1947 hour 8 minute 00 P M.

21. I hereby certify that I attended the deceased from 12-4 1947 to 12-13 1947 that I last saw him alive on 12-13 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infarction of myocardium due to arteriosclerotic Coronary thrombosis	½ hour
Due to arteriosclerotic heart disease	3 yrs
Due to	
Other conditions Bronchopneumonia, Hypertensive cardiovascular disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations None performed.
Of autopsy

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? (e) Means of injury 0

23. Signature Joseph Y. Emmegan M.D. (M. D. or other)

Address 1525 S. Grand Blvd. Date signed 12-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St.Louis }

State File No. [illegible]

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 11447

On this 23rd day of January, 1948 before me appears Mrs.Margie Hickison, who, upon her oath, states that the original record of ~~XXXX~~ death for William Hickison, died ~~XXX~~ 12-13-1947, 19..., in the State of Missouri, and which was filed at St.Louis,Missouri on 12-15-, 1947, should be corrected as follows:

Item No. 7 should read March 2,1886
Instead of March 2,1885

Item No. 8 should read 61yrs.9mos.11days
Instead of 62yrs.9mos.11days

Item No. 6 should read Emma Margie Hickison
Instead of " "

Item No. 16 should read Emma Margie Hickison
Instead of " "

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant ~~Emma~~ EMMa Margie Hickison Inf.
Relationship.

1734 Missouri
Present Address.

Subscribed and sworn to before me this 23 day of Jan., 1948

My Commission expires 3-4-49. Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
X38929