No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6486

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1757

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(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 Missouri (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4011 McRee ave 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JAMES HICKS

3. (b) If veteran, name war none
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced D. 3
6. (b) Name of husband or wife Edith
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Sept 6 (Month) 1872 (Day) (Year)

8. AGE: Years 75 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Miller Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation unemployed
11. Industry or business
FATHER
12. Name Joseph N. Hicks 9
13. Birthplace unknown (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Margaret Hill
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Louise M Liebrum 1
(b) Address 6265 St Louis ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Allen cem Allenton MO
18. (a) Signature of funeral director Bauman Brothers M C
(b) Address 2504 Woodson Overland MO
19. (a) FEB 20 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb. day 17th year 1948 hour 11 minute 55 P M.
21. I hereby certify that I attended the deceased from 12/16/48, 19, to Feb. 17th, 1948 that I last saw him alive on Feb. 17th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pharynx c metastasis Malnutrition &
Due to Bronchopneumonia
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 0
23. Signature Joseph H Ogura (M. D. or other)
Address 1515 Lafayette Date signed 2/18/48

(Licensed Embalmer's Statement on Reverse Side) Ogura

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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14 Mo

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.