No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7296

FILED FEB 24 1948

Registration District No. 3

Primary Registration District No. 3069

Registrar's No. 373

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's 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 Oklahoma (b) County 799
(c) City or town Sapulpa 34
(If outside city or town limits, write "RURAL")
(d) Street No. 11½ North Water Street, 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 2
If yes, name country .....

3. (a) PRINT FULL NAME Andy W. Hickman
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Dewey Hickman
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased March (Month) 17 (Day) 1890 (Year)

8. AGE: Years 57 Months 10 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation Railroad Mill Foreman
11. Industry or business .....
FATHER
12. Name Andrew W. Hickman
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant W. L. Hickman
(b) Address 11½ No. Water, Sapulpa, Okla
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sapulpa, Oklahoma
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 2-7-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6 year 1948 hour 5 minute 32 P. M.
21. I hereby certify that I attended the deceased from Feb 48 ....., 19..., to February 6, 1948 that I last saw him alive on February 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Edema of Brain Postoperative	3 days
Due to	
Due to 155	
Other conditions Spastic torticollis (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Laminectomy 1/31/48
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 .....
23. Signature Robert W. Woolsey M.D. (M. D. or other)
Address 4500 Olive Date signed 7 Feb 48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 26 1949

FEB 25 1948

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: Ernest W. Spillard

Licensed Embalmer No. 4080

P. O. Address.....

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.