

**FILED DEC. 4 1948**  
Registration District No. **277**

Primary Registration District No. **3066**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Box 3784-Kirkwood 22, Missouri  
(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 St. Louis <sup>96</sup>

(c) City or town Rural <sup>4</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. Box 3784-Kirkwood 22, Missouri <sup>3</sup>  
(If rural, give location)

(e) Citizen of foreign country? No <sup>D</sup> (Yes or No)

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME John Orville S. Hickey

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maude

6. (c) Age of husband or wife If alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 3 1871  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Watertown New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Show-business

1. Industry or business \_\_\_\_\_

12. Name Phillip Hickey

13. Birthplace Watertown New York  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Smith

15. Birthplace Watertown New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hasel Moore

(b) Address Box 3784 Kirkwood 22, MO.

17. (a) Burial \_\_\_\_\_ (b) Date thereof 11/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Meyer-Pfitzinger

(b) Address Kirkwood 22, Missouri

19. (a) 11-10-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9  
year 1948 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Sept 27 1948 to Nov 9 1948;  
that I last saw him alive on Nov 8 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardiac-vascular disease

Duration 18 months

Due to \_\_\_\_\_

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 508 N. Kirkwood Rd. Date signed 11/9/48

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**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

*William H. Putzinger*

Licensed Embalmer No

*4316*

P. O. Address

*Winters, 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.