

S. No. 300  
M-10-47  
Rev. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38968

State File No. \_\_\_\_\_

FILED DEC 4 1948

Primary Registration District No. 6076

Registrar's No. 2560

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
8453 Jennings Road  
(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 96

(c) City or town Jennings  
(If outside city or town limits, write "RURAL")

(d) Street No. 8453 Jennings Rd.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROY F. HICKS

3. (b) If veteran, name war None

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4  
year 1948 hour 8:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct 22  
1948 to Nov 4 1948

that I last saw him alive on Nov 1 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nora

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: Aug. 30 1875  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

73	2	4	_____ hr. _____ min.
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Due to 940

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

9. Birthplace Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian of Corpus Christi

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations \_\_\_\_\_

Of autopsy None

11. Industry or business Church, Jennings, Mo.

12. Name Timothy Hicks

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

14. Maiden name Unknown

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

16. (a) Informant Arthur R. Hicks

(b) Address 9819 Antonia Dr. Affton, Mo.

17. (a) Burial (b) Date thereof 11 8 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 11-8-48 (b) Carl A. Shapp  
(Date received local registrar) (Registrar's signature)

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 John J. Fenelly (M. D. or other) \_\_\_\_\_  
Address 6203 Blippers Date signed 11/5/48

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

MOTHER FATHER

1503 22. 11. 1911

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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 Edwin M. Bennett

Licensed Embalmer No.....

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.**