

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18171**
Registrar's No. **4830**

FILED JUN 5 1951

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2239	
c. LENGTH OF STAY (In this place) 4 mo		d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		e. STREET ADDRESS 1850 Park Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) ROY	b. (Middle) W	c. (Last) HICKS	4. DATE OF DEATH (Month) (Day) (Year) MAY 22 1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Jan 26, 1908	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 43
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis	11. BIRTHPLACE (State or foreign country) Kennett, Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Alex Hicks	13b. MOTHER'S MAIDEN NAME Nora Moss	14. NAME OF HUSBAND OR WIFE Velma
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Velma Hicks	ADDRESS 1850 Park Avenue
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Infarctions of the Myocardium		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis. DUE TO (c) Diabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 260X
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22. I hereby certify that I attended the deceased from **3-12-51**, 19___, to **5-22-51**, 19___, that I last saw the deceased alive on **5-22-51**, 19___, and that death occurred at **6:05A.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph J. ...</i>	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 5-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-24-51	24c. NAME OF CEMETERY OR CREMATORY Mount Hope	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. MAY 23 1951	REGISTRAR'S SIGNATURE <i>J. B. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin's	ADDRESS 2501 Lafayette Avenue
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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.