

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21256

State File No. 5436

FILED JUN 23 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1007 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY	
b. CITY OR TOWN ST. LOUIS	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN AFFTON	4000
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. STREET ADDRESS (If rural, give location) 9819 ANTONIA DR	

3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) K. c. (Last) HICKS			4. DATE OF DEATH (Month) (Day) (Year) JUN. 12 1951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH JULY 9, 1880		9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. GENEVIEVE, MO.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME HERMAN KOEHLER		13b. MOTHER'S MAIDEN NAME MARY KERN		14. NAME OF HUSBAND OR WIFE LATE ROY F. HICKS.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS DOROTHY M. KARR 9819 ANTONIA DR.		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Endometrial Sarcoma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension C-V Disease			INTERVAL BETWEEN ONSET AND DEATH Unknown
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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)		21f. HOW DID INJURY OCCUR 172X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				

22. I hereby certify that I attended the deceased from 5-20, 1951, to 6-12, 1951, that I last saw the deceased alive on 6-12, 1951, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE Joseph V. O'Donnell M.D. (Degree or title)		23b. ADDRESS 307 S. Cuckoo		23c. DATE SIGNED 6/13/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUN. 16, 1951	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.		

DATE REC'D BY LOCAL REG JUN 14 1951	REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4228 S. KINGS HIGHWAY		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Richard W. Stovesand*

Signed.....  
Student Embalmer

Licensed Embalmer No. 40107

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.