

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43019

FILED JAN 10 1952

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7003

State File No. 11479

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>11479</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN <b>St. Louis</b> )		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8725 Goodfellow Ave.,</b>				d. STREET ADDRESS (If rural, give location) <b>8725 Goodfellow Ave.,</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Hickey</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 24 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 22, 1893</b>		9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill Hand</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carter Carbureator</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Patrick Hickey</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Byers</b>		14. NAME OF HUSBAND OR WIFE <b>Lillian Whalen Hickey</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-014-125</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lillian Hickey 8725 Goodfellow</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Vasculature</b> DUE TO (c) <b>Renal Disease</b>  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>0</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>442X</b>			
22. I hereby certify that I attended the deceased from <b>Jan 1947</b> to <b>24 Dec 1951</b> , that I last saw the deceased alive on <b>24 Dec 1951</b> , and that death occurred at <b>2 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Echterhoff</b> (Degree of title) _____				23b. ADDRESS <b>634 No Grand</b>		23c. DATE SIGNED <b>12/26/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-27-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 26 1951</b>		REGISTRAR'S SIGNATURE <b>Paul Smith M D</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Cullinane Bros. 3320 N. Kingshighway</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
V. 10.48

JAN 21 1951

**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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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.**