

AUG 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30309

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2164

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Hgts</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp</u>		c. CITY OR TOWN <u>Vinita Park</u>	
		d. STREET ADDRESS (If rural, give location) <u>8368 Midland</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank F Hicks</u> b. (Middle) <u>Hicks</u> c. (Last) <u>Hicks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 30 1881</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bottler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brewery</u>	11. BIRTHPLACE (State or foreign country) <u>Maystowa Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Cornelias Hicks</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Reineke</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Hicks</u>
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-071397</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ella Hicks</u> ADDRESS <u>8368 Midland</u>

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, ashenia, 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) <u>Cardiac Failure following operation of 2 year ago of malig bowel obstructio</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>7824</u>		
	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 type="checkbox"/> NO <input checked="" 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)
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"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12-1952 to 8-16-1952, that I last saw the deceased alive on 8-16-1952 and that death occurred at 3:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jesse P. Pelly</u>	23b. ADDRESS <u>730 Holiamont</u>	23c. DATE SIGNED <u>8-15-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 18 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Lebanon Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>

DATE REC'D BY LOCAL REG. <u>8-16-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann F. Home</u> ADDRESS <u>9222 Lackland Overland Mo</u>
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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 Al C Ostermann

Signed.....
Student Embalmer

Licensed Embalmer No. 3478

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.