

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15830**  
Registrar's No. **4330**

FILED MAY 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (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 OR TOWN <b>St. Louis, Missouri</b> )		c. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>7 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>12 4521 McPherson Ave. 2139</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Margaret</b> b. (Middle) <b>NMN</b> c. (Last) <b>Hykins</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 26, 1953</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR, OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>June 9, 1911</b>	<b>9. AGE</b> (In years last birthday) <b>41</b> 2 Months <b>10</b> Days <b>17</b>	IF UNDER 1 YEAR IF UNDER 4 HRS. Hours   Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At home</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		<b>13a. FATHER'S NAME</b> <b>Joseph Hykins</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Pauline Simpkin</b>	
<b>14. NAME OF HUSBAND OR WIFE</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>no</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Jospeh Hykin-4521 McPherson</b>		<b>17. ADDRESS</b>			
<b>MEDICAL CERTIFICATION</b>					
<b>18. CAUSE OF DEATH</b> 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.				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Uremia</b>					
<b>ANTECEDENT CAUSES</b> DUE TO (b) <b>Questionable subarachnoid hemorrhage due to cretinism</b>					
<b>DUE TO (c)</b> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Cretinism</b>					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>253X</b>	
<b>22. I hereby certify that I attended the deceased from <u>4/19</u>, 19<u>53</u>, to <u>4/26</u>, 19<u>53</u>, that I last saw the deceased alive on <u>4/26</u>, 19<u>53</u>, and that death occurred at <u>2:30 P.m.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <b>F.R. Bradley</b> (Degree or title) <b>M. D.</b>			<b>23b. ADDRESS</b> <b>BARNES HOSPITAL</b>		<b>23c. DATE SIGNED</b> <b>4/26/53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b> <b>4/28/53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Chesed Shel Emeth Cem.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>APR 27 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>HERMAN RINDSKOPF INC 5216 DELMAR</b>	

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Peter B. Dubrouillard*.....

Licensed Embalmer No. *3691*.....

P. O. Address *Richard High*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.