

S. No. 300  
IV. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40596

State File No. 10273  
Registrar's No.

FILED NOV 25 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>10273</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>St. Louis,</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>			c. LENGTH OF STAY (in this place) <b>10 days</b>	c. CITY OR TOWN <b>University City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarinate Word Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>7277 Delmar Blvd.,</b>					
3. NAME OF DECEASED (Type or Print) <b>ELLEN</b>			a. (First)		b. (Middle) <b>BOHAN</b>		c. (Last) <b>HICKS.</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 28, 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 8, 1880</b>	
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Edward Bohan.</b>			13b. MOTHER'S MAIDEN NAME <b>Bridgett Norris.</b>			14. NAME OF HUSBAND OR WIFE <b>James H. Hicks.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James H. Hicks.</b>				ADDRESS <b>7277 Delmar Blvd., U. City, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intellectual obstructions</b> <b>Diabetes Mellitus</b> DUE TO (b) <b>Common heart disease</b> DUE TO (c) <b>Myocarditis Chronic</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>						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)					
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? <b>260X</b>					
22. I hereby certify that I attended the deceased from <b>Oct 10, 1953</b> to <b>Dec 28, 1953</b> that I last saw the deceased alive on <b>Oct 27, 1953</b> , and that death occurred at <b>6:20 am.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Robert J. Glaser</b> (Degree or title)				23b. ADDRESS <b>506 Olive St.</b>			23c. DATE SIGNED <b>10/29/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/30/1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>OCT 29 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>				

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

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DEC 17 1959

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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