

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44602

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3850

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|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton | | c. CITY OR TOWN St. Louis | | 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 St. Louis County Hospital | | e. STREET ADDRESS (If rural, give location) 941 South Skinker 2059 | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) G c. (Last) Hichew | | | 4. DATE (Month) (Day) (Year) OF DEATH December 18 1953 | | |
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| 5. SEX F. | | 6. COLOR OR RACE W. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 12/31/1907 | | 9. AGE (In years last birthday) 45 | | 10. # UNDER 1 YEAR Months Days | | 11. # UNDER 24 HRS. Hours Min. | |
|-----------|--|---------------------|--|--|--|-----------------------------|--|------------------------------------|--|--------------------------------|--|--------------------------------|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY at-home | | | 11. BIRTHPLACE (City and State or Foreign Country) Cleveland, Ohio | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
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| 13a. FATHER'S NAME P.D. George | | | 13b. MOTHER'S MAIDEN NAME Nellie Mullen | | | 14. NAME OF HUSBAND OR WIFE John O. Hichew | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John O. Hichew 941 S. Skinker | | | |
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| 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) Basal skull fracture, suffered when she was a passenger in an automobile which left the road and struck a telephone pole causing it to overturn and pinning her underneath the car. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) which left the road and struck a telephone pole causing it to overturn and pinning her underneath the car. DUE TO (c) and pinning her underneath the car. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8234 31 | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
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|------------------------|--|----------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ladue St. Louis Mo. | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12/18/53 7:25 P.m. | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Auto left the road struck a telephone pole & overturned | |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Arnold J. Willmann, Coroner | | 23b. ADDRESS Clayton, Mo. | | 23c. DATE SIGNED 12/29/53 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12/21/1953 | | 24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul | | 24d. LOCATION (City, town, or county) (State) St. Louis Missouri | |
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| DATE REC'D BY LOCAL REG. 12/19/53 | | REGISTRAR'S SIGNATURE Rebecca B. Gonske, Malvina J. Donnelly | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3840 Lindell Blvd. | |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 MR..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm S. Carter.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.