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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10109**

BIRTH NO. **FILED MAR 25 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2485**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2039	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) NIL	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A.C. TY. Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 4411 WABASH	

3. NAME OF DECEASED (Type or Print) EARL		a. (First) R	b. (Middle) HICKS	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 3 15 54	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV-25-1901		9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 3 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINE-OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY MONSANTO-CO	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO 0		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME WILLIAM HICKS		13b. MOTHER'S MAIDEN NAME CARRIE-SHOWTS		14. NAME OF HUSBAND OR WIFE RUTH-HICKS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RUTH-HICKS-4411 WABASH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Sclerosis	
				DUE TO (c) Coronary Occlusion	
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 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? 4201	

22. I hereby certify that I attended the deceased from **19 10** to **19 10**, that I last saw the deceased alive on **940**, 19**54**, and that death occurred at **940** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earl Smith M.D.		23b. ADDRESS 1306 Elm St.		23c. DATE SIGNED 3/18/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-18-54	24c. NAME OF CEMETERY OR CREMATORY OAK-HILL CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO MO		

DATE REC'D BY LOCAL REG. MAR 18 1954	REGISTRAR'S SIGNATURE Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE JAY-B. SMITH	ADDRESS 7456 MANCHESTER.
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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J.P. Burgess*.....

Licensed Embalmer No. *402*

P. O. Address *Maple*

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.