

11 DEC 13 1954

STANDARD CERTIFICATE OF DEATH

State File No. 38837
Registrar's No. 10132

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.,		c. STATE Missouri. 4379 b. COUNTY St. Louis, Mo.	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN University City 5, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hospital.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS #7277 Delmar Blv'd.,			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JAMES			Nov 7, 1954.		
b. (Middle) HAYWOOD					
c. (Last) HICKS.					
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Widowed.	8. DATE OF BIRTH Feb'y 27, 1876.	9. AGE (In years last birthday) 78.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Executive Kramer Hicks Heating Co.		10b. KIND OF BUSINESS OR INDUSTRY Retired.	11. BIRTHPLACE (City and State or Foreign Country) Helena, Arkansas.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME John Lynch Hicks.	13b. MOTHER'S MAIDEN NAME Rebecca Smith.	14. NAME OF HUSBAND OR WIFE Ellen B. Hicks.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. no.	17. INFORMANT'S SIGNATURE OR NAME Mercedes H. Heffron, 7277 Delmar Blv'd.,

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		INTERVAL BETWEEN ONSET AND DEATH 2 yr 5 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocardial Hyp DUE TO (c) Arteriosclerosis Cholesterol biliteral		
11. 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from Dec 1, 1954, to Nov 7, 1954 that I last saw the deceased alive on 11/7, 1954 and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Glover</u> (Degree or title)	23b. ADDRESS <u>506 Olive St.</u>	23c. DATE SIGNED <u>11-8-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/10/54.	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery.	24d. LOCATION (City, town, or county) (State) 7600 St. Charles Rock Road.
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DATE REC'D BY LOCAL REG. NOV 8 1954	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, 7233 Delmar Blv'd.,
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr M. J. Glaser.
506 Olive Street,
CH: 1-5025.

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. *386*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.