

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6287
State File No. _____
Registrar's No. **1524**

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

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) _____	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 38 City Hospital D.O.A. 20670		STREET ADDRESS (If rural, give location) 5109 a Page	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) John	b. (Middle) Clifton	c. (Last) Hickman	(Month) 2	(Day) 12	(Year) 57
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 Divorced	8. DATE OF BIRTH Mar. 2, 1897	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardwood floor layer		10b. KIND OF BUSINESS OR INDUSTRY Floor	11. BIRTHPLACE (City and State or Foreign Country) Florence, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Rufas Hickman		13b. MOTHER'S MAIDEN NAME Lula Proctor		14. NAME OF HUSBAND OR WIFE Nettie Hickman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. I		17. INFORMANT'S SIGNATURE OR NAME ADDRESS L. D. Hickman, 5553 a Etzel Ave.	

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) _____		DUE TO (b) Coronary Thromboses			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
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? 420.1 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?	

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 **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 3		23b. ADDRESS 300 Cloa		23c. DATE SIGNED 2/15/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2/15/57		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
				24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.	

DATE REC'D BY LOCAL REG. FEB 14 '57		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union	
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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..... *Albert P. Thompson*

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.