

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10413**
1423

FILED MAR 18 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY _____

b. CITY OR TOWN **ST. LOUIS** c. LENGTH OF STAY (in this place) **DOA.**

c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **38 ENROUTE CITY HOSP. 239 #5. No. 9TH.**

e. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
a. (First) **ROBERT** b. (Middle) _____ c. (Last) **HICKMAN**

4. DATE OF DEATH (Month) (Day) (Year) **JAN. 13-1957**

5. SEX **MALE** 6. COLOR OR RACE **WHITE**

7. MARRIAGE STATUS **WIDOWED** 8. DATE OF BIRTH **SEPT. 4-1902**

9. AGE (In years last birthday) **54** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED**

10b. KIND OF BUSINESS OR INDUSTRY **METAL FINISHER**

11. BIRTHPLACE (City and State or Foreign Country) **TENN. 1**

12. CITIZEN OF WHAT COUNTRY? **USA.**

13a. FATHER'S NAME **UNKNOWN**

13b. MOTHER'S MAIDEN NAME **UNKNOWN**

14. NAME OF HUSBAND OR WIFE **MARY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **No Nil.**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **RUTH B. ROWE** ADDRESS **1121 ETEL TER**

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) **bronchial pneumonia**
INTERVAL BETWEEN ONSET AND DEATH _____
-ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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? YES NO

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) **491X /**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 **540A** m., from the causes and on the date stated above.

23a. SIGNATURE **James M Kelly** (Degree or title) _____

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **2-12-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL**

24b. DATE **2-12-57**

24c. NAME OF CEMETERY OR CREMATORY **OAK GROVE**

24d. LOCATION (City, town, or county) (State) **ST. CHARLES, MO.**

DATE REC'D. BY LOCAL REG. **FEB 13 57**

REGISTRAR'S SIGNATURE **Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE **W. PRINSTER-HUGHES** ADDRESS **ST. CHARLES, MO.**

(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.

no Embalmed

Student.....
Signature of Student Embalmer

Signed *E. Lester Prinster*.....

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.