

STANDARD CERTIFICATE OF DEATH  
REGISTRATION DISTRICT NO. 318 PRIMARY REGISTRATION DISTRICT NO. 1003

47568

STATE FILE NUMBER

FILED FEB 4 1958

REGISTRAR'S NO. 12695

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Olivette 4380	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		d. STREET ADDRESS (If outside, give location) #12 Pricemont Dr.	
3. NAME OF DECEASED (Type or print) First JULIA Middle ELIA Last HICKS		4. DATE OF DEATH Dec. 30, 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-25-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and state or country) Jackson, Miss.
13a. FATHER'S NAME Dr. J. H. Magruder		13b. MOTHER'S MAIDEN NAME Unknown Harris	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service] No		16. SOCIAL SECURITY NO. 061-05-1699	17. INFORMANT Mrs. R. B. East, Address above
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Essential Hypertension DUE TO (b) } DUE TO (c) } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			19. INTERVAL BETWEEN ONSET AND DEATH 1 day 5 years 20. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY .Hour Month, Day, Year o.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb 1956 to Dec 1957 and last saw her alive on Dec 29, 1957 Death occurred at 1:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Martin W. Davis (Degree or title) M.D.		22b. ADDRESS 539 No. Grand Blvd. St. Louis, Mo.	
22c. DATE SIGNED 12-31-57			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1-2-1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory.	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Jay B. Smith, Maplewood, Mo.		25. DATE RECD. BY LOCAL REG. JAN 2 '58	26. REGISTRAR'S SIGNATURE J. Paul Smith mo m83

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Burgess* .....

Licensed Embalmer No. *4029* .....

P. O. Address *Maplewood* .....

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.