

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007340
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1605**

1. PLACE OF DEATH
a. COUNTY **St Louis**

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

b. CITY (If outside corporate limits, write RURAL and give township) **St Louis** c. LENGTH OF STAY (in this place) **1 1/2 Mo.**

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

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Deaconess Hospital**

e. STREET ADDRESS (If rural, give location) **31 2510**

3. NAME OF DECEASED (Type or Print)
a. (First) **Edward** b. (Middle) **Arthur** c. (Last) **Hicks**

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 8, 1958

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Jan. 20, 1872** 9. AGE (In years last birthday) **86** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY **General Practice**

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

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

13a. FATHER'S NAME **James Hicks** 13b. MOTHER'S MAIDEN NAME **Unknown Lawhorne** 14. NAME OF HUSBAND OR WIFE **Belle Whittaker Hicks**

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

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME **Ira Hicks** ADDRESS **7805 Milan University, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebrovascular thrombosis**

ANTECEDENT CAUSES DUE TO (b) **Diabetes**

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **420.0**

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) _____

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 **12-16, 1957**, to **2-8, 1958**, that I last saw the deceased alive on **2-8, 1958**, and that death occurred at **10:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **George Ruderman M.D.** (Degree or title) 23b. ADDRESS **812 Chicago St. S.E.** 23c. DATE SIGNED **2-11-58**

24a. BURIAL CREMATION. REMOVAL (Specify) **Burial** 24b. DATE **2/11/58** 24c. NAME OF CEMETERY OR CREMATORY **Troy Cemetery** 24d. LOCATION (City, town, or county) (State) **Troy, Missouri**

DATE REC'D BY LOCAL REG. **FEB 11 1958** REGISTRAR'S SIGNATURE **Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Kemper-Marsh Funeral Home** ADDRESS **Troy, Mo.**

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, ~~and by~~, Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Joseph Maul*

Licensed Embalmer No. 3932.....

P. O. Address Troy, Missou.....

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.