

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007341
State File No.

FILED MAR 5 - 1958

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2033

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|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR <u>ST. LOUIS</u> | | c. LENGTH OF STAY (in this place) <u>2 mo.</u> | | c. CITY OR TOWN <u>St. Louis</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>26 St. Louis Chronic Hospital</u> | | | | STREET ADDRESS (If rural, give location) <u>5210 5021 Bulwer</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) c. (Last) <u>Hicks.</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-19-58</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> | | 8. DATE OF BIRTH <u>8-29-1875</u> | |
| 9. AGE (In years last birthday) <u>82</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>unk. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | |
| 13a. FATHER'S NAME <u>unk.</u> | | 13b. MOTHER'S MAIDEN NAME <u>unk.</u> | | 14. NAME OF HUSBAND OR WIFE <u>unk.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Hicks 5308 S Compton</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>stat.</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic H.T. Disease</u> <u>2 mo.</u> | | | | DUE TO (c) <u>Generalized Arteriosclerosis</u> <u>2 mo.</u> | |
| | | 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 <u>420.0</u> | | | | 20. AUTOPSY? <u>2</u> 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 | | | |
| 22. I hereby certify that I attended the deceased from <u>12-19-57</u> , 19___, to <u>2-19-58</u> , 19___, that I last saw the deceased alive on <u>2-19-58</u> , 19___, and that death occurred at <u>8:45 p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John W. Beckham, M.D.</u> | | | | 23b. ADDRESS <u>5800 Arsenal St.</u> | | 23c. DATE SIGNED <u>2/20/58</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-22-58</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New Pickers</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u> | |
| DATE REC'D BY LOCAL REG. <u>FEB 20 '58</u> | | REGISTRAR'S SIGNATURE <u>J. C. Smith MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Krow</u> | | ADDRESS <u>2707 N Grand</u> | |

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..

Student..... Signature of Student Embalmer

Signed.....
Herbert J. Cox Jr.

Licensed Embalmer No. 4800

P. O. Address *Kirkwood*

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.