Health, & Welfare Public Service

3

S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034327
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9269

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 D.O.A. City Hospital — Length of stay in 1b 2	d. STREET ADDRESS (If outside, give location) 1534 Market St — Reside on Farm Yes ☐ No ☐ 229

3. NAME OF DECEASED (Type or print) First Middle Last: Paul W. Hickman		4. DATE OF DEATH Month Day Year: 9-23-58	
5. SEX: Male	6. COLOR OR RACE: white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	8. DATE OF BIRTH: Dec 22, 1889
9. AGE (In years last birthday): 68	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): Chauffer	10b. KIND OF BUSINESS OR INDUSTRY: Columbia Terminal	11. BIRTHPLACE (City and state or country): Quincy, Ill	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Dee Hickman		14. MOTHER'S MAIDEN NAME: Don'ta Know	
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.: —	17. INFORMANT Address: Catherine Angell 3407a Park Ave	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Rectum

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 154x

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____
Death occurred at Found 221 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of Title) Joseph M. Quinn Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 9/26/58
23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	23b. DATE: 9-26-58	23c. NAME OF CEMETERY OR CREMATORY: Missouri Crematory
23d. LOCATION (City, town, or county) (State): St. Louis, Mo		
24. FUNERAL DIRECTOR: Weick Bros	ADDRESS: 2201 S. Grand Blvd.	25. DATE RECD. BY LOCAL REG.: SEP 26 '58
26. REGISTRAR'S SIGNATURE: Earl Smith Mo		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.