

FEDERAL BUREAU OF INVESTIGATION FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042785

FILED VS DEC 8 1959

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3052

STATE FILE NUMBER

RENDED

1. PLACE OF DEATH a. COUNTY <u>ST Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits of TOWN or CITY) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>DAYS</u>	c. CITY OR TOWN <u>St. Louis</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5627 St. Louis Avenue</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Hickman</u> Last _____			4. DATE OF DEATH Month <u>November</u> Day <u>14</u> Year <u>1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/4/1897</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sky Cap</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Airport</u>		11. BIRTHPLACE (City and state or country) <u>Murfreeboro Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Van Hickman</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie</u>		14. NAME OF HUSBAND OR WIFE <u>Corean Hickman</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>489-05-0809</u>		17. INFORMANT <u>COREAN Hickman</u> Address <u>5627 St. Louis Ave.</u>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute myocardial failure</u>			<u>sudden</u>
DUE TO (b) <u>Arteriosclerotic cardiovascular disease with cardiac decompensation</u>			<u>about 4 yrs.</u>
DUE TO (c) <u>422.1</u>			_____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m.	Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <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 April 1956 to November 1959 and last saw ^{62X}him alive on 11/2/59
 Death occurred at 11/14/59 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Elmer Hickman</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>950 Francis Pl. Clayton Mo.</u>		22c. DATE SIGNED <u>11/17/59</u>	
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23a. FUNERAL CREATION, ADDRESS <u>Jefferson Burials</u>	23b. DATE <u>11/19/59</u>	23c. NAME OF CEMETERY OR CREATOR <u>National</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson Burials</u>	
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24. FUNERAL DIRECTOR <u>E. B. Lance</u> ADDRESS <u>1221 N Grand</u>	25. DATE RECD. BY LOCAL REG. <u>11-17-59</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>			
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Melvin Blackman

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand

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.