

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023472

FILED JUN 16 1961
 JUN 16 1961

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1610

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY SANITARIUM | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson | | Length of stay in lb 12 Days | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hilltop House | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3123 Morganford |
| 3. NAME OF DECEASED (Type or print) First Middle Last Rowena Cooper Hickman | | 4. DATE OF DEATH Month Day Year June 6, 1961 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/19, 1871 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 9. AGE (last birthday) 90 |
| 11. BIRTHPLACE (City and state or country) St. Charles, Mo | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME John Cooper | | 13b. MOTHER'S MAIDEN NAME Hanna Booth | |
| 14. NAME OF HUSBAND OR WIFE Charles L. Hickman | | 17. INFORMANT Address Mr Charles L. Hickman 3123 Morganford | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 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 vascular accident - right hemiplegia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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. _____ | | 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 May 19, 1961 to June 6, 1961 and last saw her alive on June 6, 1961 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Joseph M. Sumner (Degree or title) MD | | 22b. ADDRESS 5014 Thekla Av | |
| 22c. DATE SIGNED 6/7/61 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE 6/9/61 | |
| 23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | | 23d. LOCATION (City, town, or county) St. Louis, Missouri | |
| 24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd | | 25. DATE RECD. BY LOCAL REG. 6-8-61 | |
| | | REGISTRAR'S SIGNATURE Joseph M. Sumner M.D. | |

Dr. John G. McSwiney

5014 Thekla Ave

Ev. 5 - 4688

10 to 12 Noon

is days

X

Michigan

Cooper

Howards

of 1981, 2/2

X

White

Female

.A.S.U

of 1981, 2/2

at home

Howards

Michigan

of 1981, 2/2

Michigan

Michigan

Michigan

Michigan

Michigan

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. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address June 6-196

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.

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