MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033733 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8865

FILED SEP 12 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. Homer G. Phillips — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4274 Sacramento Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Roberta Middle: C. Last: Hickman
4. DATE OF DEATH: Month 8 Day 29 Year 1963
5. SEX: Female
6. COLOR OR RACE: Colored
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-1-1929
9. AGE (last birthday): 34 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Dewitt Casterman
13b. MOTHER'S MAIDEN NAME: Herbert Calhoun
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT: Laverne Hickman — Address: 4274 Sacramento 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) Traumatic Intra-Cranial Hemorrhage; Contrib:
Penetrating gunshot wound of the brain with gunshot fracture
DUE TO (b) of the skull; suffered when shot with gun in hands of one
DUE TO (c) Rudolph Hickman, husband of the deceased. On August 29th 1963, at about 4:55 P.M.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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): Homicide 981X
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See Above
20c. TIME OF INJURY: Hour 4:55 a.m. p.m. — Month, Day, Year 8-29-63
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.): Home
20f. CITY, TOWN, OR LOCATION: St. Louis, Mo. COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 5:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Helen L. Taylor, Coroner (Degree or title)
22b. ADDRESS: 1300 Clark Ave.
22c. DATE SIGNED: 9-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-6-1963
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis (County) Missouri

24. FUNERAL DIRECTOR: Ellis Funeral Home — ADDRESS: 2820 Stoddard St.
25. DATE RECD. BY LOCAL REG.: SEP 3 1963
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
1				
2	21	0	1	
3				
4	3			
5	1			
6				
7	0			
8	1			
9				
10				
11				
12	92-3			
13				

91

USE BLACK INK OR TYPEWRITER RIBBON

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 _____ Signed Fulton E. Pilkin

Signature of Student Embalmer

Licensed Embalmer No. 4,98

P. O. Address St. Louis, Mo.

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.