

Registration District No. 784

Primary Registration District No. 200

Registrar's No.

1259

1. PLACE OF DEATH:

(a) County Saint Louis
 (b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence: 2707 Woodson Rd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Overland
(If outside city or town limits, write "RURAL")
 (d) Street No. 2707 Woodson Road
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME

Hiland Olivia Vickers

3. (b) If veteran, name war.....
None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife.....
Loriad Vickers

6. (c) Age of husband or wife if alive..... years
1859

7. Birth date of deceased April 4
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 2 12 hr. min.

9. Birthplace Bio-Sara Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Jessie Barkdull

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Page

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A.T. Graham

(b) Address 2707 Woodson Rd.

17. (a) Burial (b) Date thereof 6-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) JUN 17 1941 (b) D.R. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
 year 1941 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from.....
 19..... to..... 19.....

that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Old myocarditis 2907

Due to.....

93d

Due to.....

Other conditions Stomach infection 2907
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work..... (e) Means of injury.....

23. Signature J.P. Howell (M. D. or other).....

Address Overland, Mo Date signed 6/16/41

10500 Rockland Rd.
W2 - 0110

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.