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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15199

FILED JUN 9 1945 318 1003

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4829

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town ..... (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3016 Cherokee St. (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 000
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3016 Cherokee St. 24 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME George Hickel, Sr.
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased August (Month) 16 (Day) 1862 (Year)

8. AGE: Years 82 | Months 9 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....

FATHER
12. Name Joe Hickel
13. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

16. (a) Informant George Hickel, Jr.
(b) Address 3016 Cherokee St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Wacker Hilderle
(b) Address 3634 Gravois Ave.
19. (a) MAY 31 1945 (Date received local registrar) (b) J. F. Bresick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1945 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan. 1945, 19..., to May 28th, 1945; that I last saw him alive on May 28th, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	2 days
Due to: Prolonged confinement to bed	
Due to: arteriosclerosis, senile dementia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN — Underline the cause to which death should be charged statistically.

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 Cecil H. Baker (M. D. or other)
Address 3353 Nebraska Ave. St. Louis Date signed 5-29-45

(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 embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert Cwheele

Licensed Embalmer No. 2128

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