No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 9 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15820

Primary Registration District No. 1003

Registrar's No. 4318

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4434 Gannett
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Zickler, Kurt Robert
3. (b) If veteran, name war —
3. (c) Social Security No. 430-59-8288
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELIZABETH GABLER
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased MAR (Month) 29 (Day) 1899 (Year)

8. AGE: Years 48 Months 0 Days 28 If less than one day hr. min.

9. Birthplace DRESDEN (City, town, or county) GERMANY (State or foreign country)
10. Usual occupation FLOOR CONTRACTOR
11. Industry or business
FATHER
12. Name ROBERT ZICKLER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name HIPPE
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Elz. Zickler
(b) Address 4434 Gannett
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation LAKEWOOD PARK
18. (a) Signature of funeral director Bredemeier-Geisler Funeral Home
(b) Address 1936 St. Louis
19. (a) MAY 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26 year 1947 hour 5 minute 20 A.M.
21. I hereby certify that I attended the deceased from APRIL 9, 1947 to APRIL 26, 1947 that I last saw him alive on 25 APRIL, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: RESPIRATORY FAILURE	
Due to: DIFFUSE CARCINOMA OF LUNGS	UNCERTAIN
Due to: HEMOTHORAX, LEFT	UNCERTAIN
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy CONFINED TO THORACIC ORGANS

PHYSICIAN
Underline the cause of 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 Thomas W. Parker (M. D. or other)
Address 1325 S. Grand Blvd. Date signed 26 April 47
St. Louis, Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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: Glen W. Hay

Licensed Embalmer No. U 3737

P. O. Address 1936 St. Louis Ave

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.