MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39055

File No. 11585

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis; City Infirmary (No. City Infirmary St. ..... Ward)

2. FULL NAME Louis J. Hicketier

(a) Residence. No. St Louis; City Infirmary St., D-13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Abt 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	71	Unknown		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Yard & Houseman
(b) General nature of industry, business, or establishment in which employed (or employer) ~~Mo~~
(c) Name of employer Mrs R. Muckerman

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9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

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PARENTS

10. NAME OF FATHER Rudolph Hicketier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louise Auling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) Mrs Effinger

14. INFORMANT Record of City Infirmary
(Address) St Louis

15. FILED NOV 26 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-25 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-1, 1929, to 11-25, 1929 that I last saw him alive on 11-25, 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Rectum

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 20 1923
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Rectal Exam.

(Signed) Bill Kubbel, M. D.

11-25, 1929 (Address) 5600 [illegible]

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary	11-26 1929
20. UNDERTAKER	ADDRESS
Arthur J Donnelly	2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.