

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

Do not use this space.

14006

**1. PLACE OF DEATH**

County..... Registration District No. **791**

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

City **St. Louis, Mo.** (No. **3425 Pennsylvania**)

File No. ....

Registered No. **3317**

St. .... Ward)

**2. FULL NAME**

**Carl Lickfeld**

(a) Residence, No. **3425 Pennsylvania St.** **24** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 10 - 1845**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>84</b>	<b>3</b>	<b>21</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Cabinet Maker**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Germany**

**10. NAME OF FATHER**

**Unknown**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Germany**

**12. MAIDEN NAME OF MOTHER**

**Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Germany**

**14.**

INFORMANT **Carl M. Lickfeld**

(Address) **6557 Adell St.**

**15.**

FILED **4-2-30** **May C. Starker** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 1 - 1930**

17. I HEREBY CERTIFY, That I attended deceased from **1929** to **1930** that I last saw him alive on **March 21, 1930** and that death occurred, on the date stated above, at **11:00** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Chronic myocarditis** (duration) **2** yrs. mos. ds.  
 CONTRIBUTORY **quite dilatation of heart** (SECONDARY)  
**per hour** (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH **at place of death**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **W. H. Baker**, M. D.

4/1, 1930. (Address) **3353 Desbrosses Ave.**

\*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**

**St. Matthews Cem.** DATE OF BURIAL **4-5-1930**

**20. UNDERTAKER**

**Zugenheri Bros. 2623 b. h. e. k. e. i.** ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

22  
10

