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.

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

Do not use this space.

30748

File No. 791

Registered No. 8002

1. PLACE OF DEATH SEP 13 1934

County ..... Registration District No. 1003

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

City St. Louis (No. DePauls Hosp. St. ..... Ward)

2. FULL NAME Edward R. Hickel

(a) Residence, No. 5660 Bartmer Ave. St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Abt, 60			

15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estatee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME Joseph Hickel

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Helen Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Helen Hickel (ADDRESS) 5660 Bartmer Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter & Pauls DATE 8/6, 34 19

19. UNDERTAKER Robt J. Cushmeier Jr. (ADDRESS) 6633 Clayton Road

20. FILED AUG 3 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1934, to Aug 2, 1934

I last saw h. alive on Aug 2, 1934. Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Epedemic	
17	

Other contributory causes of importance: 17

Name of operation None Date of —

What test confirmed diagnosis? ..... Was there an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify .....

(Signed) Henry G. Hassett M. D.

(Address) 1816 Union Club Bldg.