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.

DEC 12 1935

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File No.
Registered No. 9259

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St. Louis (No. St. Anthonys Hosp. St. Ward)

2. FULL NAME Hickelhiem. (S[redacted])

(a) Residence, No. Fenton, Mo. St., N.R. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/1/35

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 5 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Edward Hickelhiem
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER
15. MAIDEN NAME Almaertte Herzog
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fenton, Mo.

17. INFORMANT Edward Hickelhiem
(ADDRESS) Fenton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Lucas DATE 11/2/35, 19

19. UNDERTAKER Kenneth W. Koch
(ADDRESS) Fenton, Mo.

20. FILED DEC 4 1935, 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/1/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Nov. 1, 1935
I last saw h. alive on Nov. 1, 1935. Death is said to have occurred on the date stated above, at 11:30 P M
The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

Other contributory causes of importance:

159

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) H. L. Kline, M. D.
(Address) 3115 S. Grand Blvd.

Dr Kleene
3115 Grand

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