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

FEB 11 1936

Do not use this space.

3192

417

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 4545 Maryland St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Carlos Hickenlooper

(a) Residence, No. ..... St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jennie Loening Hickenlooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 27-1857

7. AGE: YEARS 78 MONTHS 5 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Secy St Genevieve Lumber Co

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): Iowa

FATHER

13. NAME: George Hickenlooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER

15. MAIDEN NAME: Howell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Mrs Jennie L. Hickenlooper 4545 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL: PLACE Calvary Cemetery DATE 1/13 1936

19. UNDERTAKER (ADDRESS): Arthur J Donnelly 3840 Lindell Blvd

20. FILED ....., 19.. JH Bredeck Registrar.

JAN 12 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 11, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1936, to Jan. 11, 1936. I last saw him alive on Jan 11, 1936. Death is said to have occurred on the date stated above, at 7 P m.

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

Chronic Myocarditis (acute myocardial failure)

Date of onset

93C

Other contributory causes of importance: None.

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) J. J. Sauer M. D.

(Address) University Club Bldg. JE 5663

Dr Sener
will call in
Office