

REC'D MAR 14 1938

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

4614  
Do not use this space.

791  
1008

Registered No. 1259

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. 4843 Germania St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Thomas Schickel 240

(a) Residence, No. 4843 Germania St. 2  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Dorothy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
37 11 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Electrician  
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, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Gustave Schickel

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

MOTHER 15. MAIDEN NAME Mary Brandle

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

17. INFORMANT Dorothy Schickel (ADDRESS) 4843 Germania

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Feb. 5, 1938

19. FUNERAL DIRECTOR John L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave

20. FILED J. F. Bredbeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1927, to Feb. 2, 1938, 1938  
I last saw him alive on Jan. 2, 1938

Death is said to have occurred on the date stated above, at 5:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Cancer of Intestine  
Date of onset 6 months  
Other contributory causes of importance  
H/O

Name of operation ..... Date of .....  
What test confirmed diagnosis? Cl. Findley Was there an autopsy? .....

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? .....  
If so, specify .....  
(Signed) Frank Schwarz, M. D.  
(Address) 7800 Chippewa Dr.

Every year of information source we 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.

FEB 5 1938

STATEMENT BY LICENSED EMBALMER

I, Clarence Kidwell Licensed Embalmer No. 3877

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Clarence Kidwell

Licensed Embalmer No. 3877

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)