ST 5 1939

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37261

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1745

1. PLACE OF DEATH: NOV 9 1939

(a) County Saint Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 9-6-39 (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Huzzah
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME 200 Louis J. KICK

3. (b) If veteran, name war World War

3. (c) Social Security No. -

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Viola

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March 19, 1896 (Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Saint Louis, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Chief of Police

11. Industry or business

FATHER
12. Name Thomas Kick
13. Birthplace Saint Louis, Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia LaFette
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Minnie Clark, VAF.,
(b) Address Jefferson Barracks, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7, 1939 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ National Cemetery Jefferson Barracks Mo

18. (a) Signature of funeral director Geo. L. Pleitsch Inc
(b) Address 5966 Easton Ave.

19. (a) OCT 5 1939 (Date received local registrar) (b) R. R. Meyer M.D. D.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4 year 1939 hour 11 minute 55 A M.

21. I hereby certify that I attended the deceased from September 6, 1939, to October 4, 1939, that I last saw him alive on October 4, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of perineum, buttocks, scrotal region and both inguinal regions with multiple abscess formation.	3 yrs.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

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Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. W. HUGHES, Chief Med. Officer (M. D. or other)
Address VAF., Jefferson Bks., Mo. Date signed 10-4-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

SEP 30 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Leonard W Kraegn, Registered Apprentice No. ....., working under my personal supervision.

Signed Leonard W Kraegn

Licensed Embalmer No. 2678

P. O. Address St Louis, Mo

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.)

If this body is not embalmed, above space should be left blank.