

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33757

State File No. _____
Registrar's No. **8454**

REC'D NOV 16 1940
County District No. **791**

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5960 Lotus Ave. **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **Life**
years, months or days)

8. (a) PRINT FULL NAME **LOUIS G. KICKER.**

8. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Hazel Kicker.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 27, 1882.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 **1** **12** hr. _____ min.

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

10. Usual occupation **Owner**

11. Industry or business **Bachmann-Kicker Mach. Co.**

MOTHER FATHER { 12. Name **Louis Kicker.**
13. Birthplace **St. Louis, Missouri.**
(City, town, or county) (State or foreign country)
14. Maiden name **Johanna Hoppe.**
15. Birthplace **? Germany.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Norman L. Kicker.**
(b) Address **5960 Lotus Ave.**

17. (a) **Burial** (b) Date thereof **10-12-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lake Charles Cemetery.**

18. (a) Signature of funeral director **Geo. L. Pleitsch Inc.**
(b) Address **5966-68 Easton Ave.**

19. **OCT 11 1940** (b) **J. F. Brubaker**
(Date received local return) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis,** **6**
(If outside city or town limits, write "RURAL")
(d) Street No. **5960 Lotus Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **Life** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **9th.**
year **1940.** hour **2** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **Sept. 27,** 19 **40** to **Oct. 9,** 19 **40**;
that I last saw him alive on **Oct. 9,** 19 **40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-Pneumonia** **12 hrs**

Due to **Carcinoma of the lung**
Due to **Metastasis from carcinoma of the leg.**
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations **53**
Of autopsy _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **John Lincoln Gust.** (M., D., or other) **D.O.**
Address **206 Hodiannat** Date signed **Oct 9, 1940**

Dr. J. L. Hirst.
1506 Hodiament Ave.
Hours 2 to 5 P.M.
Telephone Mulberry 7161

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 3454

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern St. Louis

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.