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

Registration District No. 137384

Primary Registration District No. 115

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
residence-
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 520 Midvale
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth S. Hickel

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joseph Hickel 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased September 6 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 28 _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business

12. Name William Schoenlau
13. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Oliver Hickel

(b) Address 6643 Kingsbury Blv'd., U. City

17. (a) entombment (b) Date thereof 1-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) JAN 4 - 1943 (b) C. G. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 3rd
year 1943 hour 4:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug. 1941
_____ 1942 to _____ 1943
that I last saw her alive on July 27 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration 11 days

Due to chronic uremia
Due to 6 weeks 11 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 52 f
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 D. A. [unclear] (M. D. or other)
Address 4660 Maryland Date signed 1/4/43

10 - 12

4660 Murrayland
PO - 04811

Clarence H. Murray

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Clarence H. Murray
Licensed Embalmer No. 4011
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, fact should be so stated above.