

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1948

697

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. ....

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri.  
(b) City or town: St. Louis, Missouri.  
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI  
(b) City or town: ST. LOUIS  
(c) Street No.: 3808 1/2 CONNECTICUT Memorial  
(d) Citizen of foreign country? (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME: MARGARET KICK

3. (b) If veteran, name war: .....

3. (c) Social Security No. ....

4. Sex: FEMALE / Color or race: WHITE  
5. Color or race: WHITE  
6. (a) Single, widowed, married, divorced: WIDOW  
6. (b) Name of husband or wife: .....

7. Birth date of deceased: SEPT. 5 1866  
8. AGE: Years 85, Months 4, Days 17

9. Birthplace: ST. LOUIS MO U

10. Usual occupation: WIDOW

11. Industry or business: AT HOME

12. Name: JOHN HINDERK 4  
13. Birthplace: GERMANY  
14. Maiden name: JULIA MUELLER  
15. Birthplace: GERMANY

16. (a) Informant: MRS MARIE SCHWARZE  
(b) Address: 3808 1/2 CONNECTICUT

17. (a) BURIAL (b) Date thereof: JAN 26 1947  
(c) Place: burial or cremation: S.S. PETER + PAUL, Thomas Kuter + Son

18. (a) Signature of funeral director: Thomas Kuter + Son  
(b) Address: 2906 GRAYOAKS

19. (a) JAN 23 1948 (Date received local Registrar)  
(b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22nd year 1948 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from 12/6/47 to Jan 22nd 1948  
that I last saw her alive on Jan 22nd 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic and hypertensive cardiovascular disease with cardiac failure -

Due to: 9 1/2  
Due to: 9 1/2  
Other conditions: Arteriosclerotic gangrene toes right foot.

PHYSICIAN

Major findings: Of operations: .....

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

23. Signature: J. F. Brebeck  
Address: 1515 Lafayette Date signed: 1/22/48

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

MOTHER FATHER

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.....

*James C. Hill*

Licensed Embalmer No.....

*4347*

P. O. Address.....

*2506 Lewis*

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.