

FILED AUG 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24923

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1789

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-week
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6027 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lawrence J. Kickham

* 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Margaret Kickham 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 8th., 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 3 14 hr. min.

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

10. Usual occupation Owner Kickham Boiler Works

11. Industry or business _____

12. Name Michael Kickham

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name HANORA DWYER

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Kickham
(b) Address 6027 Washington Blvd.

17. (a) Burial (b) Date thereof 7-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnell
(b) Address 3840 Lindell Blvd.
19. (a) 7-24-48 (b) Carl G. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd.,
year 1948 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 19th, 1948 to July 22, 1948
that I last saw him alive on July 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Bowel with Peritonitis Duration 7/16/48

Due to Chr. Nephritis Myocarditis Uremiae 7/22/48

Other conditions 123
(Include pregnancy within 3 months of death)

Major findings: Of operations no. Of autopsy no.
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) no.
(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) (Means of injury)
23. Signature James J. Haddad Date signed 7/23/48
Address 637 North Grand

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

96
38
3

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Lindell

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.