

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1126

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Mo</b>		c. LENGTH OF STAY (in this place) <b>always</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b> <b>4376</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>8330 Broddock Dr.</b>			
3. NAME OF DECEASED (Type or Print) <b>John</b>		a. (First) <b>John</b>		b. (Middle) <b>Ickenroth</b>	
c. (Last) <b>Ickenroth</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 4 1951</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Nov. 30, 1877.</b>	9. AGE (In years last birthday) <b>73</b>	10. MONTHS <b>73</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired bricklayer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo. U</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Casper Ickenroth</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Deutsck</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert J. Ickenroth, 8330 Broddock</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tracheal bronchitis</b>		II. OTHER SIGNIFICANT CONDITIONS			10 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			10 yrs.
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <b>Pulmonary emphysema</b>
		DUE TO (c)			DUE TO (c)
		II. OTHER SIGNIFICANT CONDITIONS			5 yrs.
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic heart disease</b>			5 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>527.1</b>			
22. I hereby certify that I attended the deceased from <b>Jan 15, 1951</b> , to <b>Feb 4, 1951</b> , that I last saw the deceased alive on <b>Feb 4, 1951</b> , and that death occurred at <b>4:00 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>FR Brindley M.D. U</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>2/4/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial U</b>	24b. DATE <b>Feb. 6, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		
DATE REC'D BY LOCAL REG. <b>FEB 5 1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark 1125 Hodiamont Ave.,</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Alfred J. Boedecker  
Licensed Embalmer No. 2663

Signed.....  
Student Embalmer

P. O. Address 1125 Heddenmont

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.