

FILED MAR 31 1955

STANDARD CERTIFICATE OF DEATH

9817
State File No. 2545
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. c. LENGTH OF STAY (in this place) 3 Yrs 6 Mo. c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hosp. e. STREET ADDRESS (If rural, give location) 4452 Clarence St. 2098

3. NAME OF DECEASED a. (First) Olga b. (Middle) E c. (Last) Kicker 4. DATE OF DEATH (Month) (Day) (Year) March 20-1955

5. SEX Female 6. COLOR (OR RACE) White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH February 17, 1870 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY Home-maker 11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Hoffmeyer 13b. MOTHER'S MAIDEN NAME Jeanette ? 14. NAME OF HUSBAND OR WIFE William F. Kicker, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Adolph Kicker, 4452 Clarence Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease

ANTECEDENT CAUSES (b) Generalized art. sclerosis

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Thrombosis of left popliteal artery

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from September 13, 1951 to March 20, 1955, that I last saw the deceased alive on March 20, 1955, and that death occurred at 2:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE George M. Janaka, M.D. (Degree or title) 23b. ADDRESS 5800 Arsenal St. 23c. DATE SIGNED 3/20/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE March 22, 1955 24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery 24d. LOCATION (City, town, or county) (State) Black Jack, St. Louis Co., Missouri

DATE REC'D BY LOCAL REG. MAR 21 1955 REGISTRAR'S SIGNATURE J. Carl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave

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

E.P. (Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Welford G. Burnley*.....
Licensed Embalmer No. *4202*
P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.