

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31107

FILED SEP 29 1955

State File No. 8372

318

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>St Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarnate Word Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>24 3659 Pennsylvania Av</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>E</b> c. (Last) <b>Klicker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 22 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 27 1901</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
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13a. FATHER'S NAME <b>William Klicker</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Buckley</b>	14. NAME OF HUSBAND OR WIFE <b>Fannie</b>
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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.	17. INFORMANT'S SIGNATURE OR NAME <b>A. J. Nesselhauf</b>	ADDRESS <b>3659 Pennsylvania Av</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ce Lines + Sigmoid</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-26**, 19**55**, to **9-22**, 19**55**, that I last saw the deceased alive on **9/22**, 19**55**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>PB Cappel</b>	(Degree or title)	23b. ADDRESS <b>no 3284</b>	23c. DATE SIGNED <b>9-23-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>R moval</b>	24b. DATE <b>9/24/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Vollmer Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Raymondville Missouri</b>
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DATE REC'D BY LOCAL REG. <b>SEP 23 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell Funeral Home</b>	ADDRESS <b>1926 Allen Av</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Reinhold K. Schramm*

Licensed Embalmer No. 339

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.