

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42171

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10615**

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY         |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b> |  | c. LENGTH OF STAY (In this place)  | c. CITY OR TOWN <b>St. Louis</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.R., Y.M.C.A.-20th St.</b>                              |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                  |
| e. STREET ADDRESS (If rural, give location)<br><b>22 Y.M.C.A. - 201 So. 20th St.</b>                |  |  |                                  |

|                                     |                        |                       |                         |  |
|-------------------------------------|------------------------|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Ben.</b> | b. (Middle) <b>J.</b> | c. (Last) <b>Hickel</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Dec. 2nd, 1955</b> |
|-------------------------------------|------------------------|-----------------------|-------------------------|--|

|                       |                                  |  |   |  |                                |                              |
|-----------------------|----------------------------------|--|---|--|--------------------------------|------------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>Jan. 3, 1881</b> | 9. AGE (In years last birthday)<br><b>74</b> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 1 HR.<br>Hours Min. |
|-----------------------|----------------------------------|--|---|--|--------------------------------|------------------------------|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Operator</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Confectionary</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|--|---|--|---|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><b>Joseph Hickel</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Lily Link</b> |
|--|---|---|

|   |   |  |         |
|---|---|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>499-01-4085</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Robert Hickel - Brentwood, Mo.</b> | ADDRESS |
|---|---|--|---------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, 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>Arteriosclerotic Heart Disease: Generalized</b>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO <b>Arteriosclerosis</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>420.0</b> | 20. AUTOPSY?<br>YES <input 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 19, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 240 P. m., from the causes and on the date stated above.

|   |                   |                                  |                                    |
|---|-------------------|----------------------------------|------------------------------------|
| 23a. SIGNATURE<br><i>Frank E. Taylor Corcoran</i> | (Degree or title) | 23b. ADDRESS<br><b>300 Clark</b> | 23c. DATE SIGNED<br><b>12/5/55</b> |
|---|-------------------|----------------------------------|------------------------------------|

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>Dec. 5, 1955</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Sunset Burial Park</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b> |
|---|----------------------------------|---|--|

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>DEC 5 1955</b> | REGISTRAR'S SIGNATURE<br><i>Carl Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>MO Hacker-Heldrele</i> | ADDRESS<br><b>3634 Gravois 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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Robert Wheeler*

Licensed Embalmer No.....*21*

P. O. Address.....*St. Louis, Mo.*

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.