

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **15142**

**FILED MAY 8 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **954**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		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>Sappington</b>		c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>2 mo.</b>		e. STREET ADDRESS (If rural, give location) <b>2851 So. 18th Street 2251</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gravois Rest Haven</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Louis</b>	b. (Middle) _____	c. (Last) <b>Hickel</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 8, 1956</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>Jan. 14, 1872</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 MRS. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>(retired) Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hickel Co.</b>	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>Joseph Hickel</b>	13b. MOTHER'S MAIDEN NAME <b>Helen Ostenschlager</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Hickel</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. <b>489-09-7465</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lena Buddin - 4090 Fillmore</b>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>A. S. Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>?</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Genl. Arterio sclerosis.</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes - Osteomyelitis</b>			

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) <b>4200</b>
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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 **4/6**, 19**56**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **4/6**, 19**56**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank Duck M.D.</b>	23b. ADDRESS <b>Fenton, Mo.</b>	23c. DATE SIGNED <b>4/9/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 11, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-10-56</b>	REGISTRAR'S SIGNATURE <b>Hebert R. Romke, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker - Belderle</b>	ADDRESS <b>3634 Gravois Ave.</b>
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(Licensed Embalmer, Placement on Reverse Side)

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.....  
*Robert C Wheeler*

Licensed Embalmer No. *21*

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.