

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-046504**

AMENDED Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11728** STATE FILE NUMBER

DATE RECEIVED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

**FILED DEC 21 1961**

1. PLACE OF DEATH a. COUNTY <b>---</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>N. C.</b> b. COUNTY <b>---</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>5 yr 9 mo</b>	c. CITY OR TOWN <b>Asheville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Masonic Home of Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>221 Sulphur Springs</b>
3. NAME OF DECEASED (Type or print) First <b>Lillian</b> Middle <b>Kicker</b> Last <b>Kicker</b>		4. DATE OF DEATH Month <b>December</b> Day <b>15</b> Year <b>1961</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/21/78</b>
9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>---</b> Days <b>---</b>	IF UNDER 24 HR Hours <b>---</b> Min. <b>---</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. FATHER'S NAME <b>Roman L. Biskup</b>	
13b. MOTHER'S MAIDEN NAME <b>Emma Hansen</b>		14. NAME OF HUSBAND OR WIFE <b>Chas. F. Kicker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>no</b>   <b>none</b>		17. INFORMANT Address <b>Masonic Home of Mo. 5351 Delmar Blvd. <i>Louis Lubentz</i></b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>
DUE TO (b) <b>Generalized Arteriosclerosis</b>			<b>unk.</b>
DUE TO (c) <b>4201</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>---</b>	
20c. TIME OF INJURY Hour <b>---</b> a.m. <b>---</b> p.m. <b>---</b>	Month, Day, Year <b>---</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>	20f. CITY, TOWN, OR LOCATION <b>---</b>	COUNTY <b>---</b> STATE <b>---</b>
21. I attended the deceased from <b>3/23/56</b> to <b>12/15/61</b> and last saw her <b>xxx</b> alive on <b>12/15/61</b> Death occurred at <b>8:55 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harold E. Walters M.D.</b>		22b. ADDRESS <b>3720 Washington St. Louis</b>	22c. DATE SIGNED <b>12-15-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	23b. DATE <b>12-18-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
24. FUNERAL DIRECTOR <b>C.R. Linton and Sons 7233 Delmar Blv'd.</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 16 1961</b>	26. REGISTRAR'S SIGNATURE <b>Roast Smith M.D.</b>

C.R. Linton and Sons 7233 Delmar Blv'd.

DEC 16 1961

Roast Smith M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arnold W. Schoen

Licensed Embalmer No. 3864  
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.