

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 29 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2333

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Missouri<br>b. COUNTY                          |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN St. Louis, Missouri  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN ST. LOUIS - 2267  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>St. Louis City Hospital #1   |   | d. STREET ADDRESS (If rural, give location)<br>26 816 Buchanan   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>ADOLPH  |   | a. (First)<br>b. (Middle)<br>c. (Last)<br>HICHEL   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>MARCH 11, 1952                          |
| 5. SEX<br>M   | 6. COLOR OR RACE<br>W   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>MARRIED  | 8. DATE OF BIRTH<br>Sept. 29-1889   |
| 9. AGE (In years last birthday)<br>62   | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retailer | 10b. KIND OF BUSINESS OR INDUSTRY<br>Amer. Cal. Fdy. Co.   | 11. BIRTHPLACE (State or foreign country)<br>Poland                                 |
| 12. CITIZEN OF WHAT COUNTRY?<br>Poland  | 13a. FATHER'S NAME<br>Theofil Hichiel   | 13b. MOTHER'S MAIDEN NAME<br>Pauline   | 14. NAME OF HUSBAND OR WIFE<br>Susie Hichiel  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  | 16. SOCIAL SECURITY NO.<br>49440-1925   | 17. INFORMANT'S SIGNATURE OR NAME<br>Susie Hichiel 816 Buchanan  |   |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Esophagus<br>INTERVAL BETWEEN ONSET AND DEATH<br>199am     |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |   |
| 19a. DATE OF OPERATION<br>4-26-51   | 19b. MAJOR FINDINGS OF OPERATION<br>Cancer Esophagus distal 2/3   |  | 20. AUTOPSY?<br>YES <input checked="" 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)  | 21f. HOW DID INJURY OCCUR?<br>150X  |
| 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"/>  |  |   |
| 22. I hereby certify that I attended the deceased from 9-10-51, 19__, to 3-11-52, 19__, that I last saw the deceased alive on 3-11-52, 19__, and that death occurred at 4:17P m., from the causes and on the date stated above. |   |  |   |
| 23a. SIGNATURE<br>Requid Costello   |   | 23b. ADDRESS<br>1515 Lafayette Avenue  | 23c. DATE SIGNED<br>3-12-52   |
| 23a. SIGNATURE (Degree or title)<br>M.D.  | 23b. ADDRESS  |  | 23c. DATE SIGNED  |
| 24a. BURIAL, CREMATION REMOVAL (Specify)<br>Burial  | 24b. DATE<br>3-14-1952  | 24c. NAME OF CEMETERY OR CREMATORY<br>Holy Trinity Cem.  | 24d. LOCATION (City, town, or county) (State)<br>MT. Olive Ill.                     |
| DATE REC'D BY LOCAL REG.<br>MAR 12 1952   | REGISTRAR'S SIGNATURE<br>Carl Smith M.D.  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Ed. Koch & Son 3516 N. 14th St.  |   |

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 .....  
Student Embalmer

Signed Ronald O. Yahrke

Licensed Embalmer No. 2217

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 this body is not embalmed, fact should be so stated above.