

WRITE PLAINLY, WITH LEADING INK---THIS IS A PERMANENT RECORD

JUN 12 1938

REC'D JUL 7 1938

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

23019  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Carondelet Primary Registration District No. 200

(c) City St. Louis (d) Street No. 9438 S Bismar Registered No. 1011

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Bickel 240

(a) Residence, No. 9515 Kirchner St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Bickel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26/1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

47      7      14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME George Bickel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Germany

MOTHER 15. MAIDEN NAME Celia Grogan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Kansas

17. INFORMANT Mrs. Mary Williams (ADDRESS) 4343 Lindell, Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 6/13/1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe, Inc. (ADDRESS) 429 N. Euclid, Ave.

20. FILED 672 19 380 R Meyer M.D. Reg. N. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10/1938

22. I HEREBY CERTIFY, That I attended deceased from morning, 1938, to June 10, 1938.

I last saw him alive on June 10, 1938. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myo Carditis

930

Other contributory causes of importance: Arterio Sclerosis, Coronary Sclerosis, Cardiac Asthma

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Dean H. Mowbray (Address) 9439 Century

Date of onset Jan. 1938

Unk.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Ray W Wilkinson

Licensed Embalmer No. 3575

P. O. Address .....

**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, above space should be left blank.**