CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

REC'D OCT 12 1938

30641
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 8078
(c) City St. Louis (d) Street No. 3605a N. 25th St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Elizabeth Bick
(a) Residence, No. 3605a N. 25th St. St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred Bick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 14th, 1872
7. AGE: YEARS 66 MONTHS 6 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

FATHER
13. NAME: Louis Nesselbush 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs John Steininger 3605a N. 25th St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem Cem. DATE Sept. 13th 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Drehmann Harral 1905 Union Blvd.
20. FILED SEP 12 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 9th 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1938, to Sept. 9, 1938.
I last saw her alive on Sept. 9, 1938. Death is said to have occurred on the date stated above, at 11:55 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset: Indefinite

Other contributory causes of importance: None

Name of operation: none Date of: none
What test confirmed diagnosis? Unusual 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 none
(Signed) R. D. Ingler, M. D.
(Address) 415 8 Newstead av.

(Licensed Embalmer's Statement on Reverse Side)

4158 N Newstead

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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 R M Sanford

Licensed Embalmer No. 2273

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.