

REC'D FEB 10 1939

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

915
Do not use this space.

791
1008

Registered No. 915

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) or City St. Louis (d) Street No. 3304 Nebraska Ave 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: 20 yrs. mos. da. (f) How long in U.S., if of foreign birth? 20 yrs. mos. da.

2. PRINT FULL NAME Henry Bickel

(a) Residence, No. 3304 Nebraska St. 24
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1st 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 0 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as saw mill, bank, etc. Tobacco Factory
10. Date deceased last worked at this occupation (month and year) July 1930 11. Total time (years) spent in this occupation 51

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

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) George Bickel
3304 Nebraska Ave,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE Jan. 30 1939

19. FUNERAL DIRECTOR'S NAME (ADDRESS) Henry L. EidemueLLer
820 1/2 Gravois Ave

20. FILED JAN 30 1939 J. B. Buehler
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Jan 27, 1939
I last saw him alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Plenition - (1) year.
Chronic interstitial Nephritis
Plenition - (4) years.

Other contributory causes of importance:
Arteriosclerosis &
Chronic interstitial Nephritis
Plenition - (4) years.

Name of operation none Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? no
Chronic interstitial Nephritis
23. If death was due to external cause (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.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify —
(Signed) G. L. Hedley M. D.
(Address) 3626 Brown Ave

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.

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 *J. G. Sullivan*
Licensed Embalmer No. *1122*
P. O. Address *4704 Wash. Blvd*

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.