

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

FILED DEC 11 1940

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks.
 (Specify whether
 In this community 11 yrs.
 years, months or days)

3. (a) PRINT FULL NAME Lucy Bickell3. (b) If veteran, name war. No 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 24, 1881
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
59 0 14 hr. min.9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Nurse

11. Industry or business _____

12. Name Charles Bickell13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Pauline Heinke15. Birthplace Herman, Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Ethel Steellurg(b) Address 3917a Sullivan Ave.17. (a) Burial (b) Date thereof Nov. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Zion Cemetery.18. (a) Signature of funeral director Wm. M. Schumacher(b) Address 4834 Natural Bridge.19. (a) NOV 8 1940 (b) J. F. Braddock
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 10
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3917a Sullivan Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th,
year 1940 hour 9 minute 45 P. M.21. I hereby certify that I attended the deceased from Oct 15th '40
1940, to Nov 7th, 1940.
that I last saw her alive on Nov 7th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-carcinoma of Rectum and Descending colon
Primary site descending colon
 Due to Adeno-carcinoma of Rectum and Descending colon
 Due to Arterio-sclerosis

Duration

1 yearOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations H/O

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

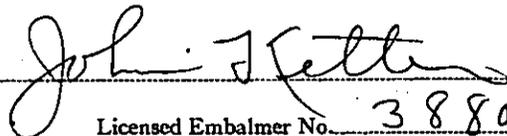
While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Arthur H. Rohlfing (M. D. or other)
Address 1722 Olive St Date signed 11/8/40

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



Licensed Embalmer No. 3880

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.