

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9375**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2785**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4112 Castleman Ave
(If rural, give location)
 (e) NO Citizen of foreign country (Yes or No)
Attending Physician
year, name, country

3. (a) PRINT FULL NAME Louis Bick
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 28th day March
 year 1941 hour 4:48 minute A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Bick
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased March 31 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>11</u>	<u>28</u>	_____ hr. _____ min.

Immediate cause of death:
Septic Pneumonia following
Ununited Fragmental fracture
of surgical neck of right humerus
suffered while descending
ladder to street at
39th and Glad Ave on March 29/1941
 Other conditions at about 3:30 P.M.
(Include pregnancy within 3 months of death)

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Salesman Retired

Major findings:
 Of operations None
 Of autopsy None
PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business Von Hoffman Printing Co
MOTHER FATHER
 12. Name John Bick
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine Porty
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Bick
 (b) Address 4112 Castleman Ave
 17. (a) Burial (b) Date thereof Mar 31 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Petz Brothers
3029 Lafayette Ave
 (b) Address _____
 19. (a) MAR 29 1941 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 3/29/41
 (c) Where did injury occur? St. Louis MO
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place 000
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Thomas J. Callahan (M.D. or other)
 Address Deputy Coroner Date signed 3/29/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Frank J. O'Brien*

Licensed Embalmer No. *12345*

P. O. Address *St. Louis, Mo*

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.