

S. No. 2
M-5-42
5-17-39
X32673

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35187

State File No.

FILED DEC 7 1942 818

1003

Registration District No.

Primary Registration District No.

Registrar's No.

9938

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis, Missouri**
(c) Name of hospital or institution: **St. Louis City Hospital**
(d) Length of stay: In hospital or institution **6 Days**
In this community **6** years, months or days

3. (a) PRINT FULL NAME **Louise Bickell**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or face **white** 6. (a) Single, widowed, married, divorced **wid**
6. (b) Name of husband or wife **Henry Bickell** 6. (c) Age of husband or wife if alive **54** years
7. Birth date deceased **May 5 1870** (Month) (Day) (Year)

8. AGE: Years **72** Months **8** Days **22** If less than one day by min.

9. Birthplace **Chicago Ill.** (City, town, county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **August Klein**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Anna Klein**
15. Birthplace **Germany** (City, town, county) (State or foreign country)

16. (a) Informant **Mrs Edna Westover**
(b) Address **5115 Wilson**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **Nov 30 1942** (Month) (Day) (Year)
(c) Place: burial or cremation **Salem Cemetery**

18. (a) Signature of funeral director **Dave E. Calcutt**
(b) Address **5142 Daggett Ave**

19. (a) **NOV 27 1942** (Date received by Registrar) (b) **J. F. Bredel** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **12/18**
(c) City or town **St Louis Mo**
(d) Street No. **4265th St** (If outside city or town limits, write "RURAL")
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **26**, year **1942** hour **8:03** minute **P.** M.

21. I hereby certify that I attended the deceased from **November 21, 1942** to **November 26, 1942** that I last saw her alive on **November 26, 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Syphilitic of the Aorta**

Due to **God**

Other conditions (Include pregnancy within 3 months of death) **2nd**

Major findings: Of operations **refused**

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?

23. Signature **Louis J. Deudorf** (Specify type of place) (City, D. or other)
Address **1515 Lafayette Avenue** Date signed **11/27/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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..... *Herford H Burnley*

Licensed Embalmer No. *4202*

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, fact should be so stated above.