S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28840

FILED AUG 2 1947

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 7670

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

1. PLACE OF DEATH:

(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: 2816 Wyoming Street
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 24 2816 Wyoming Street 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Bickerton

3. (b) If veteran, name war ----

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Robert L.

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

7. Birth date of deceased August (Month) 27th, (Day) 1866 (Year)

8. AGE: Years 80 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Covington (City, town, or county) Ky. (State or foreign country)

10. Usual occupation home

11. Industry or business

FATHER
12. Name John Deimel
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Stenken
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Howard Bickerton
(b) Address 2816 Wyoming, St. Louis, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug. 14, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker-Helderle U. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) AUG 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th year 1947 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug 5th, 1947 to Aug 11, 1947 that I last saw her alive on Aug 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to Chronic myocarditis

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Mary J. Clare (M. D. ~~or other~~)

Address 506 Olive St. Or Lane Date signed 8/02/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. 2645

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.