No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

9980

State File No. .....

Registration District No. FILED APR 3 1948 318

Primary Registration District No. 1003

Registrar's No. 2879

20
17
9

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)

In this community: .....

2. USUAL RESIDENCE OF DEACEASED: 000

(a) State: Mo (b) County: 17

(c) City or town: St Louis (If outside city or town limits, write "RURAL") 9

(d) Street No.: 4656 Loughborough (If rural, give location) 0

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

If yes, name country: .....

3. (a) PRINT FULL NAME: Joseph Bichler Sr

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

3. (c) Social Security No.: .....

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: M 1

6. (b) Name of husband or wife: Barbara

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: Aug (Month) 4 (Day) 1881 (Year)

8. AGE: Years 66 | Months 7 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace: Austria (City, town, or county) 4 (State or foreign country)

10. Usual occupation: Machinist

11. Industry or business: .....

FATHER
12. Name: John Bichler
13. Birthplace: Austria (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: Not Known
15. Birthplace: Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Barbara Bichler
(b) Address: 4656 Loughborough

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Old S S Peter & Paul

18. (a) Signature of funeral director: J. L. Ziegenhein & Sons
(b) Address: 7027 Gravois Ave.

19. (a) MAR 24 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 20 year: 1948 hour: 9:30 minute: 8 A.M.

21. I hereby certify that I attended the deceased from 2-23, 1948, to 3-20, 1948, that I last saw him alive on 3-20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of left lung	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operation: .....
Of autopsy: .....

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: John Duenler (M. D. or other) MD
Address: 1504 So Grand Date signed: 3/22/48

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.