

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25706**  
Registrar's No. **1571**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Brentwood</b>	c. LENGTH OF STAY (in this place) <b>31 Yrs.</b>	c. CITY OR TOWN <b>Brentwood 4516</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2452 Dorothy Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>2452 Dorothy Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>BERNARD BICK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 3 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 11, 1878</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist-Bemis Bag Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Charles Bick</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Moody</b>	14. NAME OF HUSBAND OR WIFE <b>Carrie Bick</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>490-03-4689</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Carrie Bick</b> ADDRESS <b>2452 Dorothy Ave.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Atherosclerosis (Heart Main) 1/2</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Leukoplakia of Mouth with leuk</b>		

19a. DATE OF OPERATION <b>June 5, 1954</b>	19b. MAJOR FINDINGS OF OPERATION <b>Bilateral Leukoplakia of Mouth</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4200</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June 7, 1954**, to **July 2, 1954**, that I last saw the deceased alive on **July 2, 1954**, and that death occurred at **3:45 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>James Sivertus no.</b> (Degree or title) _____	23b. ADDRESS <b>3720 Worlington Blvd</b>	23c. DATE SIGNED <b>7/3/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>July 6, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>

DATE REC'D BY LOCAL REG. <b>7/3/54</b>	REGISTRAR'S SIGNATURE <b>Robert S. Lamb</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Friegshauser</b> ADDRESS <b>4228 S. Kingshighway Bl.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

801 Commonwealth Blvd. Bldg.  
3720 Washington

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 ..... Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *729*

P. O. Address *728th St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.