MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791 1003 — 23703

1. PLACE OF DEATH

County..... Registration District No. 1003 File No. 23703

Township..... Primary Registration District No. Registered No. 4282

City St. Louis Mo. (No. 3703½ Illinois Av. St. ..... Ward)

2. FULL NAME Laura M. Bickel

(a) Residence. No. 3703½ Illinois Av. St., 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter M. Bickel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30 – 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	30	0	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Jacob Hausam
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois Av.
12. MAIDEN NAME OF MOTHER Sophia Sackman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT Walter M. Bickel
(Address) 3703½ Illinois Av.

15. FILED ....., 19.. Marks Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1922

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1922, to May 1st, 1922, that I last saw her alive on May 1st, 1922, and that death occurred, on the date stated above, at 3 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes mellitus
59

(duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) —
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Lawrence Freman, M. D
May 2, 1922 (Address) 4808 Virlar Pl.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
New St. Marcus Cem.	May 4 1922
20. UNDERTAKER	**ADDRESS**
Siegenheim Bros.	2623 Cherokee

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more
n, as *Day laborer, Farm laborer,*
e, etc. Women at home, who are
ies of the household only (not paid
(receive a definite salary), may be
wife, Housework or *At home*, and
ully employed, as *At school* or *At*
ld be taken to report specifically
of persons engaged in domestic
as *Servant, Cook, Housemaid*, etc.
has been changed or given up on
EASE CAUSING DEATH, state occu-
g of illness. If retired from busi-
y be indicated thus: *Farmer* (*re-*
persons who have no occupation
one.

YEAR) 19

That I attended deceased from ....., 19.....
to ....., 19....., and that
FOLLOWS: ..... m.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.: Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by*
The nature of the in
consequences (e. g.,
under the head of "C
tions on statement o
Committee on Non
Medical Association.)

account of the DISEASE CAUSI
pation at beginning of illness.
ness, that fact may be indicat
tired, 6 yrs.) For persons wh
whatever, write *None.*

Statement of Cause of
the DISEASE CAUSING DEATH (
with respect to time and causa
same accepted term for the sa
Cerebrospinal fever (the only
"Epidemic cerebrospinal me
(avoid use of "Croup"); *Typh.*

NOTE.—Individual offi
able terms and refuse to
Thus the form in use in N
will be returned for addit
the following diseases, wi
of death: Abortion, cellu
rhage, gangrene, gastritis,
necrosis, peritonitis, phle
But general adoption of t
vast improvement, and it
date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.