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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. 6432

Township ..... Primary Registration District No. ..... Registered No. 1223

City St Louis (No. 2827 Arlington St. ..... Ward)

2. FULL NAME John L. Bick

(a) Residence. No. 2827 Arlington St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Irene Bick

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 13 - 1893

7. AGE: Years 36 | Months 11 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Asst Manager
(b) General nature of industry, business, or establishment in which employed (or employer): Bookmaker Douglas Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: John Bick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Mary Miles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Arthur A. Bick
(Address) 5216 Vernon Ave

15. FILED ..... 19 Max C Harvey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH. (MONTH, DAY AND YEAR) 2 - 4 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4th, 1930, to ....., 19..., that I last saw him alive on Feb. 4th, 1930, and that death occurred, on the date stated above, at 12:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Thrombosis
94 B
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) 92
(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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Postmortem findings
(Signed) Paul B. Webb, M. D.
, 19 (Address) 230 Metropolitan Bldg.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cem
DATE OF BURIAL: Feb 7th 1930

20. UNDERTAKER: Mullen Und Co
ADDRESS: 5165 Delmar Bl

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.

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