

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

Do not use this space.

28473

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis** (No. **3932 Lee Ave**)..... St. Ward.

File No.....
Registered No. **8375**
St. Ward.

2. FULL NAME **Joseph F Bick**

(a) Residence. No. **3932 Lee Ave**..... 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 **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 **Anna Bick**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 2 1902**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 10 19

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

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

10. NAME OF FATHER **John F Bick**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St Louis Mo**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Elizabeth Esselbus**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St Louis Mo**
(STATE OR COUNTRY)

14. INFORMANT **Anna Bick**
(Address) **3932 Lee Ave**

15. FILED **AUG 23 1930** **Wm C Parker**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **AUG 21 1930** 19

17. I HEREBY CERTIFY That I attended deceased from **July 20** to **8 20 30** that I last saw him alive on **8 21 1930**, and that death occurred, on the date stated above, at **10:40 a. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Stenosis
9 21 30 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **9 21 30** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS?
Grand Stregal (Signed)..... M. D.

177 1930 (Address) **1901 Madison**
*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 **New Bethlehem Cemetery** DATE OF BURIAL **Aug 23 30**

20. UNDERTAKER **Thos. W. Beiderwiden** ADDRESS **1936 St Louis**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

