

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

Do not use this space.

24395

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St Louis (No. St. Luke's Hospital) St. Ward)

File No. **6519**
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, John Bicanic No. 2333 S 10 St St., 13 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Barbara Bicanic</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18 - 1880</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>10</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bakery</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1932</u>	
	11. Total time (years) spent in this occupation <u>20</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Croatia</u>		
FATHER	13. NAME <u>Louis Bicanic</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Croatia</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Barbara Bicanic</u> <u>2333 S 10 St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Luke's Paul</u> DATE <u>July 18</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. C. McLaughlin</u> <u>1924</u>		
20. FILED <u>ALL IS</u>		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 / 32, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/16/32 to 8/15/32

I last saw him alive on 7/15/32, 19..... Death is said to have occurred on the date stated above, at 12 Noon m.

The principal cause of death and related causes of importance were as follows:
Heat Exaustion

Date of onset 7/16

930
191 / 91

Other contributory causes of importance:
Chronic myocarditis

Date of onset 1920?

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Baker
(Signed) Dr. E. T. ...
(Address) 4448 Shaw Blvd St Louis Mo

WRITE LEGIBLY. 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.

Registrar

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