

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

Do not use this space.

**21951**

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
**St. Louis** (No. **St. Anthonys Hospital**)

File No. ....  
Registered No. **5834**  
St. .... Ward)

**2. FULL NAME Michael Bickel**

(a) Residence, No. **3628 A. Marceline Terrace** Ward. **15**  
(Usual place of abode)

Length of residence in city or town where death occurred **53** yrs. mos. ds. How long in U. S., if of foreign birth **53** yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widower</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Johanna Klie Bickel</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 19 1861</b>		
7. AGE YEARS <b>72</b>	MONTHS <b>3</b>	DAYS <b>11</b>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. <b>Beer Brewer</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Brewery</b>
	10. Date deceased last worked at this occupation (month and year) <b>1918</b>
	11. Total time (years) spent in this occupation. <b>37</b>

12. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

17. INFORMANT **Susana Bickel**  
(ADDRESS) **3628a Marceline Terrace**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Missouri Crematory July 4 1933**

19. UNDERTAKER **Henry L. Weidmueller**  
(ADDRESS) **6203 Gravois Ave.**

20. FILED **J. J. Brudeck**  
19..... Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-30-33**

22. I HEREBY CERTIFY, That I attended deceased from **6-1-33 6-30-33**  
I last saw him alive on **6-30-33** Death is said to have occurred on the date stated above, at **9 P. M.**  
The principal cause of death and related cause of importance were as follows:

**124B Myocardial (Coronary) 93C 99A 124**  
Other contributory causes of importance: **Coronary Thrombosis 4 days**

Name of operation **none** Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **yes**

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?  
If so, specify **Arteriosclerosis**  
(Signed) **W. J. ...** M. D.  
(Address) **1395 S. Grand Ave.**

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.

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