

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

Do not use this space.

34755

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 791

City St. Louis (No. St. Anthony Hospital)

File No. ....

8920

Registered No. ....

St. ....

Ward) .....

**2. FULL NAME** Floora B. Bickmann

(a) Residence, No. Jeff Bks. R. 9 St. 16 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 Female 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 Adolph J. Bickmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5 - 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>57</u>	<u>1</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

13. NAME Jim Luke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

15. MAIDEN NAME Floora Van Hook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT (ADDRESS) Adolph J. Bickmann

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Oct 1933

19. UNDERTAKER (ADDRESS) Leeds & Clark Co

20. FILED Oct 17 1933

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1933, to Oct 14, 1933. I last saw him alive on Oct 14, 1933. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Interstitial Nephritis Acute Date of onset 97  
130  
132 a  
Other contributory causes of importance: Arterio sclerosis

8 Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify (Signed) Matilda L. Zick, M. D.

(Address) 7110 Michigan St.

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.

NOV 10 1933

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