

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

Do not use this space.

NOV 6 1935

791

34397

1. PLACE OF DEATH

County Registration District No. **1003**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **City Hospital #1**) St. **8834** (Ward)

2. FULL NAME

(a) Residence No. **3605 N 25th St.** **20** Ward.
 (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 **M** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elizabeth Bick**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 8, 1872**
 7. AGE YEARS **63** MONTHS **5** DAYS **13** IF LESS than 1 day, hrs. min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Porter**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **A. H. Gro. Co.**
 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) **Mo.**

MOTHER 13. NAME **Unknown Bick**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Edward H. Bick**
 (ADDRESS) **3605 N 25th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem Cem.** DATE **Oct. 23, 1935**

19. UNDERTAKER **Drehmann-Harrad**
 (ADDRESS) **1905 Union Blvd.**

20. FILED **21 1935** 19. **St. Bredeck**
 (Address) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 21, 1935**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at **4:35** a.m.

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

Ruptured Liver, Fractured Rib, received when struck by auto in St. Louis, Mo.

Other contributory causes of importance:

Deceased was a pedestrian.

Name of operation **Accident** Date of 19.....

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? **Accident** Date of injury **10/21, 1935**

Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **Struck by auto**

Nature of injury **Ruptured Liver**

24. Was disease or injury in any way related to occupation of deceased? **Yes**

If so, specify **Accident**

(Signed) **Herald J. Gray** M.D.

(Address) **St. Louis, Mo.**

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.

WHILE EARLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

