FEB 24 1936

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

Do not use this space.

3987

**1. PLACE OF DEATH**

County: St Louis — Registration District No.: 1123 — File No.:

Township: Carondelet — Primary Registration District No.: 6248 B — Registered No.: 5

City: (No. R. 11 Jefferson Bks. Rd. St. Ward)

**2. FULL NAME** Mary Bickl

(a) Residence, No. Box 31 St., Ward. Jefferson Bks, Mo.
(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: John

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 11, 1878

7. AGE: Years 57 — Months 8 — Days 24 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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

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): Hilden Germany

FATHER

13. NAME: John Kroell

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

MOTHER

15. MAIDEN NAME: Katherine Blankenstein

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

17. INFORMANT: John Bickl
(ADDRESS) Rt 11 Box 31 Jeff. Bks. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Jan 7 1936

19. UNDERTAKER: C. Hoffmeister & Co.
(ADDRESS) 7814 So. Broadway

20. FILED Jan 6 1936 G Mowery
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1935 to Jan 3 1936

I last saw her alive on Jan 3 1936. Death is said to have occurred on the date stated above, at 9:30 P m.

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

| | Date of onset |
|---|---|
| Myocarditis | |

Other contributory causes of importance:

Chronic Parenchymatous Nephritis

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) A. W. Gitus, M. D.

(Address) 4143 N 5th Stand

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.

10M-2-28-35

W. Peters