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.

MAR 3 1936

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

Do not use this space.

791

8467

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 2157

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. N. O. Pac Hosp St. ..... Ward)

2. FULL NAME John Edward Bickell

(a) Residence, No. 5220 Palm St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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: Emma Bickell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 1 - 1872

7. AGE: 63 YEARS, MONTHS: 6, DAYS: 25, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baggeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mo Pac RR
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.

FATHER

13. NAME: Wilhelm Bickell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Emma Bickell 5220 Palm

18. BURIAL, CREMATION, OR REMOVAL PLACE: Oak Grove Cem DATE: 2-29- 1936

19. UNDERTAKER (ADDRESS): Drehmann & Harrel + 1905 Union

20. FILED: FEB 27 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/16, 1936, to 2/26, 1936

I last saw him alive on 2/26, 1936. Death is said to have occurred on the date stated above, at 4 oc p m.

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

	Date of onset
Chr myocarditis	
aortic regurgitation	
Cardiac decompensation	

Other contributory causes of importance: 92a

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

What test confirmed diagnosis? ..... Was there an autopsy? No

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? No

If so, specify .....

(Signed) J W Andrews M. D.

(Address) Missouri Pacific Hosp.