

REC'D MAY 22 1939

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

16025

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A
(c) City (or near) Farmington (d) Street No. State Hospital No. 4 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 200 Overland, Mo., 2423 Ashland Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Martha J. (Mitchell) Bick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-8-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
71 0 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lithographer
9. Industry or business in which work was done, as 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) Monroe County 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John Bick 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace-Lorraine

MOTHER 15. MAIDEN NAME Unknown 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Records of State Hospital No. 4
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL Catholic Cemetery
PLACE Farmington, Mo. DATE 4-1-39

19. FUNERAL DIRECTOR (NAME) Cozean Funeral Home
(ADDRESS) Farmington, Mo.

20. FILED April 1, 1939 V. J. Robinson 699
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1-39 19 39

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1939, to March 31, 1939
I last saw h. im alive on 3-31, 1939. Death is said to have occurred on the date stated above, at 12:05 P.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease Date of onset 1935
Fracture of right femur 3-30-39
Other contributory causes of importance: Central arteriosclerosis 1928?

Name of operation None Date of 1939
What test confirmed diagnosis? Phys. Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-29-1939
Where did injury occur? On ward of State Hosp. # 4
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Falls to floor while walking
Nature of injury Fracture of right femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Paul J. Schramm, M.D., M. D.
(Address) Farmington, Mo.

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.

X-11603

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

me....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *C. Hugo Cozart*.....
Licensed Embalmer No..... *4084*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.