

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

17224  
Do not use this space.

791  
1008

Registered No. 4758

JUN 12 1939

1. PLACE OF DEATH

(a) County 2 Registration District No. 791

(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

(c) City St. Louis (d) Street No. 4416 Red Bud Dr Registered No. 4758

(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 Peter H. Bickelhaup

(a) Residence, No. 4416 Red Bud Dr St. 9 (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 Alice Bickelhaup

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 1882

7. AGE YEARS 56 MONTHS 6 DAYS 8 If LESS than 1 day, hrs. or min.

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

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

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) Waterloo Ills

FATHER

13. NAME Henry Bickelhaup

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo Ills

MOTHER

15. MAIDEN NAME Anna M. Hempling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo Ills

17. INFORMANT (ADDRESS) Alice Bickelhaup 4416 Red Bud Dr

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE May 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. F. Paschedag 2825 W. Grand St

20. FILED MAY 25 1939 J. D. Beckwith Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1939

22. I HEREBY CERTIFY, That I attended deceased from April 20 1939 to May 24 1939

I last saw him alive on May 24 1939 Death is said to have occurred on the date stated above, at 4:00 m.

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

Apoplexy -

Date of onset 4-20-39

Other contributory causes of importance: Enphy - Vascular - Renal disease with Hypertension

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? B. Press 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) A. J. Raymond M. D.

(Address) 4390 West Pine St

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.

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

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

Signed

*Albert G. Hoppe*

Licensed Embalmer No.

2971

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.**