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S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1942
Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No.

State File No. 12414
Registrar's No. 3826

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 1 Day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 2017
(If outside city or town limits, write "RURAL")
(d) Street No. 3009a No. 22nd St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Baby Bick
3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Newborn
6. (b) Name of husband or wife Newborn 6. (c) Age of husband or wife if alive Newborn years
7. Birth date of deceased April 19, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER { 12. Name Edward Bick
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Anna Aelan
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Morrison
(b) Address St. Louis City Hospital.

17. (a) (Burial, ~~cremation~~, or removal) (b) Date thereof 4-30-42
(Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. G. White
(b) Address City Hospital, MO

19. (a) 4/20/42 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 20, year 1942 hour 1:25 minute P. M.
21. I hereby certify that I attended the deceased from April 20, 1942 to April 20, 1942
that I last saw her alive on April 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Due to 159
Due to 159
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (e) Means of injury
23. Signature J. T. Bredeck (M. D. or other) nil
Address 1515 Lafayette Avenue, Date signed 4/20/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

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, fact should be so stated above.