

Filled NOV 6 1942 gy
Registration District No.

Primary Registration District No. 111

Registrar's No. 2072

1. PLACE OF DEATH: ST. LOUIS

(a) County: ST. LOUIS

(b) City or town: RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 DAYS
(Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: ST. LOUIS

(c) City or town: MAPLEWOOD
(If outside city or town limits, write "RURAL")

(d) Street No.: 2900 MARSHALL AVE.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: SISTER ANATOLIA (BICK)

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced, SINGLE

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive:

7. Birth date of deceased: JULY 11 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	2	24	hr. min.

9. Birthplace: ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation: RELIGIOUS TEACHER

11. Industry or business:

12. Name: JOHN BICK

13. Birthplace: MO.
(City, town, or county) (State or foreign country)

14. Maiden name: MARY BELL MILLS

15. Birthplace: MO.
(City, town, or county) (State or foreign country)

16. (a) Informant: SISTER OLYMPIA

(b) Address: 2900 MARSHALL AVE.

17. (a) BURIAL (b) Date thereof: 10-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: CALVARY CEMETERY

18. (a) Signature of funeral director: Arthur Donnelly

(b) Address: 3946 Landon

19. (a) OCT - 6 1942 (b) Registrar's signature:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 5, year 1942 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept 20 - 42 to Oct 5 - 1942

that I last saw her alive on Oct 5 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Auricular fibrillation 2 mos. Myocardial infarction

Due to: Cardiovascular disease 5 years

Other conditions:

Major findings: Of operations:

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: Arthur Donnelly (M.D. or other) M.D. Address: Oct 6 - 7 1942 Date signed:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*Dr Goodrich
1-2-4*

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.