

FILED MAR 30 1943 318
Registration District No. 1003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(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 7 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4246 Connecticut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Bickelhaupt

3. (b) If veteran, name war _____
(c) Social Security No. 482-033847

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs Emma Bickelhaupt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 29, 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Morse Co Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business _____

12. Name Philip Bickelhaupt

13. Birthplace Morse Co Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Fausch

15. Birthplace Morse Co Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clara Hempe
(b) Address 4246 Connecticut St. Louis Mo

17. (a) Removal (b) Date thereof Mar 31, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzoo Ill

18. (a) Signature of funeral director Emil Guernheim
(b) Address Wentzoo Illinois

19. (a) MAR 23 1943 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19,
year 1943 hour 3:05 minute P. M.

21. I hereby certify that I attended the deceased from March 13, 1943 to March 19, 1943
that I last saw him alive on March 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive ht. disease
secondary to

Due to pulmonary artery thrombosis
secondary to

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy as above

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) (Means of injury)

23. Signature Drew M. Bredbeck (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 3/19/43

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

MOTHER FATHER

Duration
Underline the cause to which death should be charged statistically.

2762

2762

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 Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address St. Louis Ills

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.