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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29727

OCT 2 - 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8569

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Days (Specify whether
In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis 9 2 6
(If outside city or town limits, write "RURAL")
(d) Street No. 42 Angelrodt St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Eligh Monroe Bickford

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Sally Bickford

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Jan (Month) 15 (Day) 1863 (Year)

8. AGE: Years 80 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation Minister

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sally Bickford
(b) Address 42 Angelrodt St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave

19. (a) SEP 28 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

5444

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26, year 1943 hour 9:05 minute A. M.

21. I hereby certify that I attended the deceased from September 7, 1943 to September 26, 1943; that I last saw him alive on September 26, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolus	
Due to Suprapubic Prostatectomy	
Due to Benign Prostatic Hyper-trophy	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Leo J. Wade (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 9/27/43

(Licensed Embalmer's Statement on Reverse Side)

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. Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

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.