

S. No. 2
M-8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 4 1945
Registration District No. 119

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 4193

State File No. 13352
Registrar's No. 9

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Hermann (Boark-Twp.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Workmann's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community All his life years, months or days)

3. (a) PRINT FULL NAME EDWARD C. BICKMEYER
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single widowed, married, never married
6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Nov. 11 1893
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Hermann, RFD Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Otto Bickmeyer

13. Birthplace Hermann RFD Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Louise Toedtman

15. Birthplace Pershing Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edward Bickmeyer

(b) Address Hermann RFD #1 Mo.

17. (a) Burial (b) Date thereof 4-12-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Stolpe Mo.

18. (a) Signature of funeral director Benjamin

(b) Address Berger Mo.

19. (a) April 1945 (b) A. H. Siedler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 13 miles S.W. of Hermann, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 8th
year 1945 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from 4/4 to 4/8 1945
that I last saw him alive on 4/8 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Circulatory collapse Paraplegia - tumor of cord - secondary
Carcinoma of Stomach
Due to Paraplegia - tumor of cord - secondary
Due to Carcinoma of Stomach
Other conditions. (Include pregnancy within 3 months of death)
Major findings: Hb
Of operations
Of autopsy
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 Howard (M. D. or other)
Address Hermann Mo. Date signed 4/10/45

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 5-2-45

MAY 10 1945

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

Chas. H. Pope

Licensed Embalmer No. 2552

P. O. Address Herrmann, Me.

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.