

S. No. 2
M-5-43
7-5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2251
Registrar's No. 407

FILED JAN 27 1947

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3926 Hartford
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3926 Hartford
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bernhard Bick
3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-03-4643
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept. 3, 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 11th
year 1947 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from November 8th
1946 to Jan. 11th, 1947
that I last saw him alive on January 7th, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 4 8 _____ hr. _____ min.

Immediate cause of death Acute Myocarditis Duration 4 days
Due to _____
Due to _____

9. Birthplace St. Albans Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Picture Framer

Other conditions Diabetes and Chronic Nephritis 1 year
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Bernhardt Bick
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Kiersple
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: no
Of operations _____
Of autopsy no

16. (a) Informant Rose Bick
(b) Address 3926 Hartford
17. (a) Burial (b) Date thereof 1/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.

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? _____

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 1579 27th St. St. Louis
19. (a) JAN 14 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature Wm. H. Walter (M. D. or other) XXXX
Address 3608 S. Grand Blvd. Date signed 1/13/47

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

MOTHER FATHER

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 Francis J. Dwyer

Licensed Embalmer No. 2245

P. O. Address. St. Louis, Mo

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.