

FILED MAY 14 1947
318

Primary Registration District No. **1003**

Registrar's No. **632**

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: **Prs. dead at City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **3** (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mad**
(c) City or town **St. Louis** **117**
(If outside city or town limits, write "RURAL")
(d) Street No. **6604 Vermont ave.** **8**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5**
year **1947** hour **2** minute **10 P.** M.

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

Immediate cause of death _____
Duration _____

Asphyxiation due to Hypoxia
Due to **Thymus**

Due to **6th**

Other conditions _____
(Include pregnancy, within 3 months of death)

Major findings:
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?

While at work? _____ (Specify type of place)
Means of injury **3**

23. Signature **W. H. Perry** (M. D. or other) **3**
Address **St. Louis** Date signed **3/7/47**

3. (a) PRINT FULL NAME

Robert Earl Bidwell Jr.

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** **0** 5. Color or race **White**

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

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

7. Birth date of deceased **March** **3** **1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 **2** **3** _____ hr. _____ min.

9. Birthplace **Philadelphia** **Pa.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

12. Name **Robert Earl Bidwell**

13. Birthplace **Princeton** **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **ETTA** **Adams**

15. Birthplace **Muse** **Oklahoma**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Earl Bidwell**

(b) Address **6604 Vermont ave.**

17. (a) **Burial** (b) Date thereof **May 7, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Trinity Cem.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**

(b) Address **7814 S. Broadway**

19. (a) **MAY 7 1947** (b) **J. F. Brudack**
(Date received local registrar) (Registrar's signature)

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.

Not Embalmed

Signed

Harry J. Schumacher

Licensed Embalmer No.

2679

P.O. Address.

7814 S. Broadway

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.