

FILED JUN 5 1951

STANDARD CERTIFICATE OF DEATH

17829

State File No. 4712

Registrar's No. 4712

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 4712		Registrar's No. 4712					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri			c. LENGTH OF STAY (In this place) 23 Days			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2179			d. STREET ADDRESS (If rural, give location) 3968 Botanical Ave				
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery Hospital				3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) c. (Last) Bickham			4. DATE OF DEATH (Month) (Day) (Year) May 19, 1951.						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 12-17-1889		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR: Months Days		IF UNDER 1 Wk.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife				10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Louisville, Ky!			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME HARRY Bickham				13b. MOTHER'S MAIDEN NAME Anna Schmidt				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stella Seibert 3968 Botanical							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcers								INTERVAL BETWEEN ONSET AND DEATH 60 years 5 weeks			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)							
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 344X											
22. I hereby certify that I attended the deceased from April 26, 1951 , to May 19, 1951 , that I last saw the deceased alive on May 19, 1951 , and that death occurred at 4:10 A.M. , from the causes and on the date stated above.													
23a. SIGNATURE George M. Jenika, M.D. (Degree or title)				23b. ADDRESS 5600 Arsenal Street				23c. DATE SIGNED 5/19/51.					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-21-51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, MO							
DATE REC'D BY LOCAL REG. MAY 20 1951		REGISTRAR'S SIGNATURE J.P. Lanster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin 2301 La Fayette							

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

H. G. Farris

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

3384

H. F. Lewis

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.