

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1953

State File No. 19190
Registrar's No. 5216

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY 21-1	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4946 Washington		e. STREET ADDRESS (If rural, give location) 12 4946 WASHINGTON AVE	

3. NAME OF DECEASED (Type or Print) THOMAS F. BIELICKE			4. DATE OF DEATH (Month) (Day) (Year) MAY 23 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 12-31-1892		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN		10b. KIND OF BUSINESS OR INDUSTRY CLOTHING	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH BIELICKE		13b. MOTHER'S MAIDEN NAME MARY LORKOWSKI		14. NAME OF HUSBAND OR WIFE	
---------------------------------------	--	---	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or dates of service) WORLD WAR I	16. SOCIAL SECURITY NO. 488-05-4751	17. INFORMANT'S SIGNATURE OR NAME Edward Bielicke		ADDRESS 2222 St. Louis
---	---	-------------------------------------	--	--	---------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 9 months	
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis			3 years	
	DUE TO (c) Essential Hypertension			3 years	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duodenal Ulcer			10 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 332X

22. I hereby certify that I attended the deceased from March, 1942, to May, 1953, that I last saw the deceased alive on May 2, 1953, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE Walter W. Davis, M.D.	(Degree or title)	23b. ADDRESS 0 539 N. Grand	23c. DATE SIGNED 5/25/53
---	-------------------	--------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-27-53	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
---	----------------------	---	---

DATE REC'D BY LOCAL REG. MAY 25 1953	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE St. Louis Funeral Home	ADDRESS 2205 St. Louis Ave.
---	--	--	--------------------------------

S.P. (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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *G. W. Wilkins*

Licensed Embalmer No. *3*

P. O. Address *H. Lane*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.