

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14452

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 796

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shrewsbury</u>		c. CITY OR TOWN <u>Shrewsbury</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 Yrs</u>		c. CITY OR TOWN <u>Shrewsbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7712 E Big Bend</u>		e. STREET ADDRESS (If rural, give location) <u>7712 E Big Bend</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SIDNEY</u>	b. (Middle) <u>H</u>	c. (Last) <u>BICKLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-31-1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-12-1877</u>	9. AGE (In years last birthday) <u>76</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Material</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cinders</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>4</u> <u>Manchester England</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Alfred Bickley</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Beck</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian R Bickley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>	(If yes, give year or dates of service) <u>Spanish</u>	16. SOCIAL SECURITY NO. <u>493-36-0762</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian Bickley 7712 E Big Bend</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chl</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Talco Dorsali</u> DUE TO (c) <u>Arterio. Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>024x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1954 to Mar 29 1954 that I last saw the deceased alive on 3-29-54 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl B. ...</u>	23b. ADDRESS <u>Webster Grove</u>	23c. DATE SIGNED <u>4-2-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-2-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO.</u>
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DATE REC'D BY LOCAL REG. <u>4/2/54</u>	REGISTRAR'S SIGNATURE <u>Richard B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webster ...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

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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 *Leslie Welch*.....

Licensed Embalmer No... *439*.....

P. O. Address *Robston St.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.