

Health,
Welfare
Public
Service

SI-14008
XC-1 223 002

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022694

STATE FILE NUMBER
Registration No. 5963

FILED JUL 21 1959 Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OWENSVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND		Length of stay in 1b 6 DAYS	d. STREET ADDRESS (If outside, give location) ROUTE 1

3. NAME OF DECEASED (Type or print) WALTER L. BICKMEYER			4. DATE OF DEATH 6/22/59		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/10/96	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (City and state or country) HERMAN, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME OTTO BICKMEYER	13b. MOTHER'S MAIDEN NAME LOUISA TOEDTMAN	14. NAME OF HUSBAND OR WIFE CLARA BICKMEYER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1	16. SOCIAL SECURITY NO. 500-10-9723	17. INFORMANT VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ADENOCARCINOMA OF RECTUM WITH WIDESPREAD METASTASIS		INTERVAL BETWEEN ONSET AND DEATH 2 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154x		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 154x
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20c. TIME OF INJURY Hour Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. Attended the deceased from 6/18/59 to 6/22/59 and last saw him alive on 6/22/59 Death occurred at 10:05 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. O. CRAIG	(Degree or title) M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 6/22/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/25/59	23c. NAME OF CEMETERY OR CREMATORY E. & R. Cemetery	23d. LOCATION (City, town, or county) (State) Charlotte Mo.
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24. FUNERAL DIRECTOR Schrader Funeral Home, Ballwin, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. JUN 24 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6961 6 700

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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 *Richard Bopp*

Licensed Embalmer No. *4584*
P. O. Address *Baldwin, N.Y.*

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.