MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15261

File No. 14994

Registered No. 4189

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 2844 Lyon St. Ward)

2. FULL NAME Charles Bieber

(a) Residence. No. 2720 S. 9th. St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Bieber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March, 5th. 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	1	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Freight handler

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Austria

PARENTS

10. NAME OF FATHER Frank Bieber

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Austria

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Austria

14. INFORMANT Mrs Anna Bieber
(Address) 2720 S. 9th. St.

15. FILED APR 17 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) April, 15th. 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 9 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

168

Strangulation Due to hanging with Rope

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Suicide

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Jno Dwyer, M. D.

4/16, 1928 (Address) Dep Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
S.S. Peter & Pauls	Apr. 17 - 1928
20. UNDERTAKER Wacker Hederle	ADDRESS 2331 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH UNFADING INK, THIS IS A PERMANENT RECORD