24 1928

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

Do not use this space.

1. PLACE OF DEATH

County: Jefferson — Registration District No. 421 — File No. 24238

Township: Joachim — Primary Registration District No. 5575 — Registered No. 69

City: Crystal City Mo. (No. ..... St. ..... Ward)

2. FULL NAME August Bieser

(a) Residence. No. ..... St., ... 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	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edith Bieser.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	47	Unknown	Unknown	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Machineist
(b) General nature of industry, business, or establishment in which employed (or employer): Die Setter
(c) Name of employer: Unknown

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: August Biesre
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Elizibeth Whitehead
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ste. Genevieve Co. Mo.
(STATE OR COUNTRY)

14. INFORMANT: John Bieser
(Address): 1117 St Louis ave St Louis Mo.

15. FILED 7/28, 1928 J. E. Rutledge REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 27 1928

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ held an inquest July 27, 1928 to ....., 19.... ~~that I last saw the~~ ....., 19...., and that death occurred, on the date stated above, at about 2:00P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Natural Causes (possibly Heart Trouble)

95B

205A

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

CONTRIBUTORY (SECONDARY) .....

(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) [signature] Acting, M. D Cornorer

, 19 (Address)

*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
Festus Mo.	7/30/ 1928
20. UNDERTAKER	**ADDRESS**
Duester & Vinyard	Festus Mo

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.