WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

38760

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11179

City St Louis (No. Christian Hospital St. ..... Ward)

**2. FULL NAME** Amos George Biber

(a) Residence. No. 3131a No Whittier 10 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Biber

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 13 - 1872

7. AGE: Years 57 Months 6 Days 1 If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

PARENTS
10. NAME OF FATHER: Jacob Biber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Mr Knowin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs Chas H. Blomberg
(Address) 5092 Raymond

15. FILED NOV 16 1929, 19..... Mary C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 14 1929.

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1929, to Nov 14, 1929 that I last saw him alive on Nov 14, 1929, and that death occurred, on the date stated above, at 4:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59
Cerebellar Hemorrhage
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus
(duration) 1 yrs. 11 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3131a N Whittier

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis & Blood Xam

(Signed) Geo B Krieger, M. D

11/15, 1929 (Address) 3442 Geraldine Ave

*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: Calvery
DATE OF BURIAL: Nov 16th 1929

20. UNDERTAKER: Mullen Und Co
ADDRESS: 5165 Delmar Bl.