

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

Do not use this space.

3996

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

**1003**

Township.....

Primary Registration District No. ....

City **St. Louis** (No. **City Hospital**)

File No. ....

**1245**

Registered No. ....

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **3756**

**Alfred Siebrugh** St. **18** Ward.

(**BIEBUSCH**)

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **49** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Widowed**

15. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 29 1931**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Angie Biebusch**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 29 1931**, to **Jan 29 1931**, that I last saw him alive on **Jan 29 1931**, and that death occurred, on the date stated above, at **Jan 29 1931**.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. **About 49**

**92A**  
**97 Cerebral Hemorrhage**  
(duration) ..... yrs. .... mos. .... ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Housework** (b) General nature of industry, business, or establishment in which employed (or employer) **235** (c) Name of employer

CONTRIBUTORY (SECONDARY) **Arterio-sclerosis** (duration) ..... yrs. .... mos. .... ds.

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

18. WHERE WAS DISEASE CONTRACTED? (NOT A PLACE OF DEATH) **No**

10. NAME OF FATHER **Frank De He**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

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

WAS THERE AN AUTOPSY? **No**

12. MAIDEN NAME OF MOTHER **Martha Matlock**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**

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

(Signed) **Jerome Harmon**, M. D. **1/30 1931** (Address) **City Hospital**

14. INFORMANT **Arthur J. Harmon** (Address) **City Hospital**

\*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.

15. **JAN 31 1931** FILED **ax E. Starnes** REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Old St. Marcus** DATE OF BURIAL **2-2 1931**

20. UNDERTAKER **Arthur J. Harmon** ADDRESS **2019 Ward St**

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

Gusck