

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No. 701

Primary Registration District No. 1008

File No. 25166

Registered No. 6590

St. Ward)

2. FULL NAME

(a) Residence, No. 3908 Greek St. Louis Mo 10
(Usual place of abode)

Length of residence in city or town where death occurred 14 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>24</u>	<u>10</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... Chauffeur

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Farnest Bieser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn

15. MAIDEN NAME Anna Danke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Market Mo

17. INFORMANT (ADDRESS) St. Louis City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Tenn DATE July 31 1933

19. UNDERTAKER (ADDRESS) Brederswien Empire Brederswien 1026 St. Louis Mo

20. FILED LL 31 1933 J. H. Brederswien Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1933

22. I HEREBY CERTIFY That I attended deceased from July 24 1933 to July 29 1933
I last saw him alive on July 29 1933 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Typhoid Fever Date of onset 7-17

107A

Other contributory causes of importance:

Bronchopneumonia

Name of operation None Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) John Eichenbrenner D. (Address).....

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.

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