

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

19 County Case Registration District No. 150
Township Polan Primary Registration District No. 6217
City St. Louis (No. _____ St. _____ Ward _____)

File No. 4234

Registered No. 1

2. FULL NAME

Dudovika Biberam
(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 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Karl Biberam</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar - 26 - 1851</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>10</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home maker</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
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) <u>Germany</u>		
13. NAME <u>Baierfeld</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Raut Knau</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Frank Biberam</u> <u>Fireman</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>Feb 5</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Brunnenger Bros Flea</u> <u>Harrisonville</u> Mo.		
20. FILED <u>Feb 5</u> 19 <u>34</u> <u>W. J. Saffron</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1934

22. I HEREBY CERTIFY That I attended deceased from Feb 3 1934, to Feb 3 1934

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 8:2 A

Other contributory causes of importance:
Mal

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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) J. W. Harrisonville M. D.
(Address) Harrisonville 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.

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WHITE PAPER, WITH WRITING THEREON, THIS IS A PERMANENT RECORD

Dr. Saffron

