

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

Do not use this space.

SEP 18 1934

30543

1. PLACE OF DEATH

92 County St Charles Registration District No. 757
 4 Township _____ Primary Registration District No. 3036
 8 City St Charles (No. 817, black) St. _____ Ward _____

File No. _____
 Registered No. 137
 St. _____ Ward _____

2. FULL NAME

Mary Bieler
 (a) Residence, No. 817 black 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Math Bieler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21-1862
 7. AGE YEARS 72 MONTHS 5 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. at home
 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) St Charles mo

FATHER 13. NAME Mathias Klingler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Anna

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Rose Bieler (ADDRESS) 817 black St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter's DATE Aug 10 1934

19. UNDERTAKER W. H. Allen (ADDRESS) 700 W. 2nd St

20. FILED 8/10 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

5 **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Aug. 7 1934
22. I HEREBY CERTIFY, That attended deceased from July 4 1934 to August 7 1934
 I last saw him alive on August 7 1934. Death is said to have occurred on the date stated above, at 7:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
Heat Stroke
Hypertension
Colonial Disease
Generalized arteriosclerosis
 Date of onset 7/4/34
94B
191
 Other contributory causes of importance: _____

Name of operation _____ 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? _____ 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? no
 If so, specify _____ (Signed) R. O. Hayden, M. D.
 (Address) St. Charles, mo

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.

92

46 1/2 hours paid to
the 9000

10/10/19

10/10/19

1.

10/10/19

10/10/19