

APR 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003File No. **10959**

Township.....

Primary Registration District No. **Isolation Hosp**Registered No. **2588**City **St. Louis, Mo.** (No.)

St. Ward)

2. FULL NAME

(a) Residence, No. **Mary Bieser** St. **27** 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) **Single**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 23, 1884**7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **50 5 0 5**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**

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. Genevieve County Mo**13. NAME **Joseph Bieser**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Anna Prosch**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Blanch Bieser**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Restus Mo Mar 21, 35**19. UNDERTAKER (ADDRESS) **Albert W. Hopp, Inc**20. FILED **MOB 19 1935** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 18, 1935**22. I HEREBY CERTIFY, That I attended deceased from **Mar 17, 1935** to **Mar 18, 1935**I last saw her alive on **Mar 18, 1935** Death is saidto have occurred on the date stated above, at **4:00** p.m.

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

Erysipelas, Facial Date of onset **3-13**Other contributory causes of importance **Chromid Myocarditis**Name of operation **None** Date ofWhat test confirmed diagnosis? **Clinical** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur? **No** (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 of injury

If so, specify **John Schumbrer, M. D.** (Signed)

(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.

WHITE PAPER, WITH UNFOLDING TABS—THIS IS A PERMANENT RECORD

