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.

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

Do not use this space.

24918

JUL 14 1936

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6574

City St. Louis (No. St. Lukes Hospital St. ..... Ward)

2. FULL NAME Mary Jane Bielefield

(a) Residence, No. 2131 East Warne Ave St., 9 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Bielefield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 18, 1860

7. AGE: YEARS 76 MONTHS 2 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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. Paul Minn.

FATHER

13. NAME: Frank Winters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Mary Burns 2131 East Warne Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: July 1, 1936

19. UNDERTAKER (ADDRESS): Math. Hermann & Son 2161 East Fair Avenue

20. FILED JUN 29 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1936, to 6-27, 1936

I last saw her alive on 6-27, 1936. Death is said to have occurred on the date stated above, at 11:25 P. M. m.

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

	Date of onset
Myocarditis chronic	?
Arteriosclerosis	?
Peripheral Gangrene of extremities caused by Arteriosclerotic Gangrene	3 mths
Other contributory causes of importance:	
Bronchopneumonia	36 hrs

93c

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? ..... 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) Louis H Jorstad, M. D.

(Address) 3720 Washington