

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

594
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis.** (d) Street No. **Jewish Hosp.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Morris Bieber 160**
 (a) Residence, No. **1217 Hamilton** St. **5** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male**
 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 2, 1895**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	42	5	10	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Shipping Clerk**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Ladies ready to wear**
 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. Louis Missouri**

FATHER
 13. NAME **Jacob Bieber**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**

MOTHER
 15. MAIDEN NAME **Bertha Brenner**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Mrs Bertha Bieber 1217 Hamilton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bnai Amoona** DATE **Jan. 14, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **H. B. BERGER 5 M'PHERSON**

20. FILED **JAN 14 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 18, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 7, 1937** to **Jan 12, 1938**
 I last saw him alive on **Jan 12, 1938** 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:
Septicemia, cause unknown 12/14/37
specific organism unknown
107a

Other contributory causes of importance:
Peritonitis, cause unknown 1/10/38
Pneumonitis, Bronchial 12/14/37
Pneumonia

Name of operation **Noel** 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 **Post. Tubercle** M. D.
 (Signed) **J. Bredeck** (Address) **462 N. Taylor**

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.

STATEMENT BY LICENSED EMBALMER

I, H.I. Berger Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed H.I. Berger

Licensed/Embalmer No. 1597

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)