FEB 16 1938

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

Do not use this space.

2

4133

1. PLACE OF DEATH

96 County St Louis — Registration District No. 96 — File No.

12 Township ~~Jefferson~~ — Primary Registration District No. — Registered No. 75

4 City Webster Groves (No. 127 W. Kirkham St. Ward)

2. FULL NAME Louis D Bias 2.00

(a) Residence, No. 127 W Kirkham St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frances Bias

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 9 1868

7. AGE: Years 69 — Months 10 — Days 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W.P.A.
10. Date deceased last worked at this occupation (month and year): Jan 1937
11. Total time (years) spent in this occupation: 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington Iowa

FATHER
13. NAME: William Bias
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York State

MOTHER
15. MAIDEN NAME: Nancy Maddox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs Elsie E Aronoff, 127 W Kirkham Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Valhalla Cem DATE 1-12- 1938

19. UNDERTAKER (ADDRESS): Mittelberg Funeral Home Inc, Webster Groves Mo

20. FILED 1-11 1938 — Theodore R. Meyer M.D. Dr. P.H. Registrar. Deputy State Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-9- 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Jan 9, 1938. I last saw her alive on Jan 9, 1938. Death is said to have occurred on the date stated above, at 10:00 A.m.

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

	Date of onset
Myocarditis Chronic	7/17/36
Aneurysm of Aorta	4/9/27

96

Other contributory causes of importance: Arteriosclerosis

Name of operation: none — Date of

What test confirmed diagnosis? X Ray — 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) Ralph E. Easton, M. D.
(Address) 17 E Lockwood Bl Webster Groves 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.