

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

REC'D JUN 23 1938

19145
 Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 659
 (b) Township Cinque Homme Primary Registration District No. 5876 Registered No. 49
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 ALLAN FLAVIAN BIEHLE

(a) Residence, No. Biehle, Mo. St. (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) Mar 7 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 2 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) Biehle, Mo.

FATHER 13. NAME Herbert Biehle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Biehle, Mo.

MOTHER 15. MAIDEN NAME Erma Ernest

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Biehle, Mo.

17. INFORMANT Herbert Biehle
 (ADDRESS) Biehle, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Biehle Catholic Cemetery DATE May 13 1938

19. FUNERAL DIRECTOR (NAME) Perry Funeral Home
 (ADDRESS) Perryville, Mo.

20. FILED May 13 1938 Martin Moeckel
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9 1938, 19... to May 11 1938, 19...
 I last saw him alive on May 11 1938, 19... Death is said to have occurred on the date stated above, at 11 P. m.

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

Status Lymphaticus

Date of onset

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? _____
 If so, specify Heart & Blood
 (Signed) _____, M. D.

594 (Address) Perryville Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Albert H. Bey

Licensed Embalmer No. 3866

P. O. Address Berryville, Mo.

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.)

If this body is not embalmed, above space should be left blank.