

APR 12 1939

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

8386  
Do not use this space.  
2151

1. PLACE OF DEATH

(a) County CACONADE / Registration District No. 791  
 (b) Township THIRD CREEK / Primary Registration District No. 1003 Registered No. \_\_\_\_\_  
 (c) City ST. LOUIS, MO. (d) Street No. LUTHERAN HOSPITAL 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

400 STILLBORN Baby Biele  
 (a) Residence, No. \_\_\_\_\_ St. NR Owensville Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEBRUARY 28, 1939</u>			
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation	
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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LUTHERAN HOSPITAL</u> <u>St. Louis, Mo.</u>			
13. NAME <u>AUGUST BIELE</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OWENSVILLE</u> <u>MISSOURI</u>			
15. MAIDEN NAME <u>SOPHIE L. LEHNHOFF</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>BLAND</u> <u>MISSOURI</u>			
17. INFORMANT <u>AUGUST BIELE</u> (ADDRESS) <u>OWENSVILLE, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>OLD BLAND CEMETERY</u> DATE <u>MARCH 2</u> , 19 <u>39</u>			
19. FUNERAL DIRECTOR <u>W. F. GOTTENSTROETER</u> (ADDRESS) <u>OWENSVILLE, Mo.</u>			
20. FILED <u>MAR 8 1939</u> <u>J. F. Budick</u> Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1110.

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

Stillbirth - Caused by premature separation of placenta

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation Episiotomy and Forceps Date of 2-28-39

What test confirmed diagnosis? None 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) Paul Brenner, M. D.  
 (Address) Owensville, 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.

**STATEMENT BY LICENSED EMBALMER**

*NOT EMBALMED*

I, ..... Licensed Embalmer No. ....

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**