

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH**

16483  
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH  
 (a) County..... St. Louis, Mo. Registration District No..... 1003  
 (b) Township..... 2 Primary Registration District No.....  
 (c) City..... St. Louis, Mo. (d) Street No..... 2614 Natural Bridge 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Johanan Bier  
 (a) Residence, No. 2614 Nat. Bridge Ave. St. 20 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick H. Bier,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15th. 1859  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 6 16

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 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) St. Louis, Mo.

FATHER  
 13. NAME Fred Dodt,  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Not known  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mr. Frederick Bier, 2614 Natural Bridge

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Peters Cem. May 3rd 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und. 1417 N. Market Street.

20. FILED MAY 1 1939 J. J. Pruden Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 1, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1938, to May 1, 1939  
 I last saw her alive on Apr. 30, 1939 Death is said to have occurred on the date stated above, at 3 A. m.  
 The principal cause of death and related causes of importance were as follows:

uremia  
chronic nephritis  
 Date of onset 3 days yr  
 Other contributory cause of importance: cardio-renal disease yr.

Name of operation cat Date of no  
 What test confirmed diagnosis? cat 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 no  
 (Signed) Arthur S. Sweeney, M. D.  
 (Address) 2101 University

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.

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**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.....

*John P. Buehler*

Licensed Embalmer No. *1674*

P. O. Address *2223 St Louis Ave*

**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.**