

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 33856
8553

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 34 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Leo Bierling3. (b) If veteran, name war None 3. (c) Social Security No. 489-10-4735

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Katherine Bierling Nee Probst 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased May 31, 1876 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>13</u>	<u>6</u> hr. <u>11</u> min.

9. Birthplace Germany (City, town, or county) (State or foreign country)10. Usual occupation Maintenance man

11. Industry or business _____

12. Name Leo Bierling13. Birthplace Germany (City, town, or county) (State or foreign country)14. Maiden name Anna Brand (City, town, or county) (State or foreign country)15. Birthplace Germany (City, town, or county) (State or foreign country)16. (a) Informant Mrs Anna Kreis(b) Address 4430 Tholozan Ave17. (a) Cremation (b) Date thereof 10/16/40 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Crematory18. (a) Signature of funeral director Math Hermann & Son(b) Address 2161 East Fair Ave19. (a) OCT 16 1940 (b) J. F. Brudick (Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4512 Emerson Ave (If rural, give location)
(e) If foreign born, how long in U. S. A? 34 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th
year 1940 hour 1:15 PM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction as a Duration _____result of being struckin the car (left) by100 lb. weight of carwhich was movingthrough the blue ofMajor findings ofautopsy: July 21 - 1940accident

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident(b) Date of occurrence July 21 - 1940(c) Where did injury occur? St. Louis (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? In industry

(Specify type of place)

(e) Means of injury Car

While at work? _____

23. Signature Alfred J. Perry (M. D. or other)Address Deputy Coroner Date signed 10/16/40

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 William G. Burkholder

Licensed Embalmer No. 2110

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.