

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27092
6884

FILED SEP 17 1941 791

Primary Registration District No.

1603

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3009 a Gasconade
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17B
(d) Street No. 3009 A Gasconade
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Adeline C. Bieger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased. Jan. 16 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 7 9 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business At Home

12. Name Gustave Nischwitz

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Kargus

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant August O. Bieger

(b) Address 3009 A Gasconade

17. (a) Burial (b) Date thereof. 8-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director J. Schumacher

(b) Address 3013 Meramec St.

19. (a) AUG 25 1941 (b) J. T. Buech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1941 hour 1 minute am M.

21. I hereby certify that I attended the deceased from May 11
1939, 19 to Aug 25, 19 41;
that I last saw h alive on Aug 24, 19 41;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion
(Asphyxia)

Due to 1/21
Due to 1/21

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings: —
Of operations —

Of autopsy —

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Walter P. Kelly (M. D. or other) MD

Address 9915 Grandis Date signed Aug 26/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Clarence Roehow

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Clarence Roehow

Licensed Embalmer No.

3093

P.O. Address.....

3013 Meram

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, fact should be so stated above.