

FILED JUL 17 1943

Registration District No. ... Primary Registration District No. **1003**

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

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:
1126 Chambers Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **Mamie Bielefield**

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 **Robert Bielefield** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **June 23, 1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **-** Days **12** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **William Phillips** 13. Birthplace **England** 4

14. Maiden name **Miss McDermott** (State or foreign country)

15. Birthplace **Ireland** 7
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Bielefield**
(b) Address **1126 Chambers St.**

17. (a) **Burial** (b) Date thereof **July 8, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **General Funeral Home Inc.**
(b) Address **2233 University Street**

19. (a) **JUL 7 1943** (b) **J. J. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis,** **17**
(If outside city or town limits, write "RURAL") **926**
(d) Street No. **1126 Chambers Street**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5,**
year **1943** hour **10** minute **20P.** M.

21. I hereby certify that I attended the deceased from **April 16,**
19 **43** to **July 5,** 19 **43**
that I last saw her alive on **July 5,** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**
Duration **3 day**

Due to **Hypertension - R. Side Hemiplegia** (C) **3 mo.**

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
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) _____
(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 **Arthur Swales** (M. D. or other) **M.D.**
Address **2202 University** Date signed **7-6-43**

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.....

Van M. Spencer

Licensed Embalmer No. *4343*

P. O. Address.....

Maplewood 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, fact should be so stated above.