

FILED MAY 31 1944  
Registration District No. 321

Primary Registration District No. 6085

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Rural Arrow Rock  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clay Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community all his life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline  
(c) City or town Rural Arrow-Rock  
(If outside city or town limits, write "RURAL")  
(d) Street No. Clay Twp  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fred Harry Bierbaum

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

4. Sex Male 5. Color or race White 6. (a) Single (b) Widowed (c) Married (d) Divorced (e) Never married

7. Name of husband or wife Pauline Bierbaum (c) Age of husband or wife if under 59 years \_\_\_\_\_ years

7. Birth date of deceased July 12 - 1882 (Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Near Arrow Rock, Saline Co, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John H. Bierbaum

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

14. Maiden name Christina Winkler

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

16. (a) Informant Mrs Saline Bierbaum

(b) Address Nelson, Mo

17. (a) Burial (b) Date thereof 3-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation Saline near Saline City

18. (a) Signature of funeral director Glenn J. Soper

(b) Address Saline, Mo

19. (a) APR - 7 - 1944 (Date received local registrar) (b) Mrs. W. E. Shackelford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1944 hour noon to 6 minutes 5 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I viewed Body on 3-25 1944  
and that death occurred on the date and hour stated above. 19\_\_\_\_

Immediate cause of death Coronary Arteriosclerosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy No

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Means of injury Saline Co

23. Signature P. L. Lawless Croner (M. D. or other)

Address Marshall Mo Date signed 3-30-44

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

MOTHER FATHER

1222

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-8-44

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 \_\_\_\_\_

Licensed Embalmer No. 5143

P. O. Address State

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.