

Registration District No. **324** Primary Registration District No. **2072**

**1. PLACE OF DEATH:**  
(a) County Saline  
(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Fitzgibbon's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 20 Years years, months or days)

**3. (a) PRINT FULL NAME** Ervin H. Bierbaum  
**3. (b) If veteran,** name war # \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_  
**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Eula Duncan **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** Nov. 29 1908  
(Month) (Day) (Year)

**8. AGE:** Years 37 Months 0 Days 28 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Holstein Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Contract Truck Work

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

**12. Name** Julius H. Bierbaum  
**13. Birthplace** Holstein Mo.  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Minnie W. Vahrenberg  
**15. Birthplace** Warren Co. Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Eula Bierbaum  
(b) Address Slater, Mo.

**17. (a)** Burial (Burial, cremation, or removal) (b) Date thereof 12/30/45  
(Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Memorial Gardens

**18. (a) Signature of funeral director** J. Frank Sweeney  
(b) Address 944 Madison St.

**19. (a)** 12-30-45 (Date received local registrar) (b) Ervin H. Bierbaum (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Saline 97  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. East Lacy (If rural, give location) 2  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec. day 27  
year 1945 hour 9 minute 20 P.M.  
**21. I hereby certify that I attended the deceased from** Dec. 23 1945 to Dec. 27 1945  
that I last saw him alive on Dec. 27 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Intestinal Obstruction 2 days  
Due to Mesenteric Thrombosis 4 days

Due to \_\_\_\_\_  
Other conditions 99:1  
(Include pregnancy within 3 months of death)

Major findings: Mesenteric Thrombosis  
Intestinal Thrombosis  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
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** O. G. McBurney (M. D. or other)  
Address Slater, Mo. Date signed 12/30/45

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

77  
1  
2

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed ..... 1-11-46 .....

AUG 8 1947

AUG 20 1947

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..... *J. Leali Sumner* .....

Licensed Embalmer No..... 3235 .....

P. O. Address..... *Marshall, W. Va.* .....

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.