

No. 2
1-5-43
5-17-39
I X36671

FILED JAN 21 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 465

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. HOSP 1 WK
(Specify whether)
 In this community 65 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 Street No. 3320 BLAIR AVE
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM BIELEFELD

3. (b) If veteran, name war NIL 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELIZABETH BIELEFELD 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased SEPT 7 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th
 year 1946 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from 12/27/45
 19____, to 1/5/46, 19____;
 that I last saw him alive on 1/5/46, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>70</u> | <u>3</u> | <u>28</u> | hr. min. |

Immediate cause of death arteriosclerotic heart disease

Duration _____

Due to _____

Due to _____

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

9. Birthplace KIRKWOOD MO
(City, town, or county) (State or foreign country)

10. Usual occupation UNEMPLOYED 15 YRS.

11. Industry or business NONE

12. Name CHARLES BIELEFELD

13. Birthplace UNK GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name UNK

15. Birthplace UNK UNK
(City, town, or county) (State or foreign country)

16. (a) Informant ELIZABETH BIELEFELD
 (b) Address 3320 BLAIR AVE

17. (a) BURIAL (b) Date thereof 1/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEM

18. (a) Signature of funeral director: Suedmeyer
 (b) Address 3934 W. 20th

19. (a) JAN 7 1946 (Date received local registrar)
 (b) [Signature] (Registrar's signature)

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)
 (c) Means of injury _____

23. Signature Herbert C. Fritz (M. D. or other)
 Address 1515 Lafayette Date signed 1/5/46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Renneth Jones

Licensed Embalmer No. 7224

P. O. Address 3423 Lane

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.