

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29968

State File No. _____

Registrar's No. 16

Registration District No. 119

Primary Registration District No. 5443

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Roark Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(Mo. Highway 19, 1 Mi. South of Hermann)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All her life
years, months or days

3. (a) PRINT FULL NAME ANNA CHARLOTTE BIEBER

3. (b) If veteran, name war ---- 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married!
6. (b) Name of husband or wife Joseph Bieber 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan 6 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 25 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Baur
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Bieber
15. Birthplace Swiss Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Hargrave

(b) Address Hermann, Missouri RFD

17. (a) Burial (b) Date thereof 9-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cemetery
Hugost, Blum

18. (a) Signature of funeral director Hugost, Blum

(b) Address Hermann, Mo

19. (a) 9/3/46 (b) H. Munkwiler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles East of Swiss
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31st
year 1946 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Verdict of Coroner's Jury:
"By Accident, through the collision of two automative vehicles"

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
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) Accident
(b) Date of occurrence Aug. 31, 1946
(c) Where did injury occur? 1 mi. South of Hermann
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Missouri Highway #19
(Specify type of place)

While at work? No (e) Means of injury Head
Hugost, Blum 3
23. Signature Hugost, Blum Coroner
Address Hermann, Mo Date signed 9/1/46

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

MOTHER FATHER

102

Date Filed 10-4-46

District File Number.....

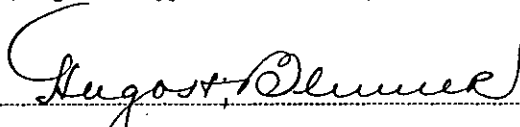
District Health Officer No. 9.

RECEIVED

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. 3160

P. O. Address Hermann, Missouri

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.