

S. No. 2
DM-5-43
v. 5-17-39
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2254

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

322

FILED JAN 22 1947

318

Primary Registration District No. _____

1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. Box 903 Halls Ferry Rd, RR#4
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM BIERACH

3. (b) If veteran, name war None 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 Elizabeth Bierach nee Henke Age of husband or wife if alive 73 years

7. Birth date of deceased July 22, 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 17 If less than one day 18 hr. min.

9. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Painter

11. Industry or business Retired

12. Name Unknown

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Eva Mann

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

16. (a) Informant Mrs Elizabeth Bierach

(b) Address Box 903 Halls Ferry Rd.

17. (a) Burial (b) Date thereof 1/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 21 1947 (b) J. F. Bredesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th
year 1947 hour 6:57 minute A.M.

21. I hereby certify that I attended the deceased from 12/15/46
to 1/9/47, 19____, to 1/9/47, 19____;
(that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.)

Immediate cause of death Carcinoma of prostate with renal failure
Due to _____
Due to _____

Other conditions Arteriosclerosis + hypertension
(Include pregnancy within 3 months of death)

Major findings: Heart disease - Psychosis with other somatic disease

Of operations _____
Of autopsy _____

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? N

While at work? _____ (Specify type of place)
Means of injury Car accident

23. Signature J. F. Bredesch Date signed 1/9/47
Address 1515 Lafayette (M.D. or other)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Gustav W. Dietel

Licensed Embalmer No. *4329*

P. O. Address... *St. Louis, 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.