S. No. 2
OM—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8162

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 75

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St.Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1008 Bloomfield St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martin C.Bierschwal Jr.

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. 489-18-6050

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April (Month) 10th (Day) 1891 (Year)

8. AGE: Years 55 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Martin C.Bierschwal Sr.
13. Birthplace Gordonville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Amelia Brennecke
15. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Miss Erna Bierschwal
(b) Address Cape Girardeau, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-09-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L.L.Haman
(b) Address Cape Girardeau, Missouri.

19. (a) 3-12-1947 (Date received local registrar) (b) C.C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1947 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 3/6, 1947, to 3/7, 1947 that I last saw him alive on 3/7/47, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Lobar)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Cape Girardeau Date signed 3/11/47

44 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 347-369
Date Filed 3-17-47

APR 30 19

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 William Lee Townsend

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.