

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

14168

Registration District No. 207

Primary Registration District No. 5758

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Rural Miller
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 86 years (Specify whether years, months or days)
In this community 86 years

3. (a) PRINT FULL NAME Matilda Bierbaum

3. (b) If veteran, name war: 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George F. Bierbaum 6. (c) Age of husband or wife if alive 11 years
7. Birth date of deceased 4 11 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 0 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Sam Bierbaum

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 4/29/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dodds Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 5-1-47 (b) Pauline Linn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27
year 1947 hour 8 minute 30 PM.

21. I hereby certify that I attended the deceased from 11-20 1945 to 4-18 1947
that I last saw her alive on 4-18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease
Senility Duration

Due to

Due to

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

Major findings:
Of operations

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 E. W. Mulligan (M. D. or other)
Address Dixon Date signed 4/29/47

RECEIVED
DISTRICT ATTORNEY GENERAL OFFICE NO. 9,
DISTRICT FILE NUMBER
Date Filed 5-7-47

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.....
Office - R.T. 47- , Registered Apprentice No.....
working under my personal supervision.

Signed.....

Fred W. Hickens

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.