S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
Vaticans Office of Vital Statistics

FILED MAY 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14861

Registration District No. #46024 318 Primary Registration District No. 1003 Registrar's No. 4546

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 3 WEEKS (Specify whether

In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST LOUIS 1117 (If outside city or town limits, write "RURAL")

(d) Street No. 3727 ST. FERDINAND 9 Memorial (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HARRY BIEST

3. (b) If veteran, name war

3. (c) Social Security No. 493-20-4663

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife

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

7. Birth date of deceased APRIL (Month) 30 (Day) 1880 (Year)

8. AGE: Years 67 Months 0 ~~Days~~ 2 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country) 0

10. Usual occupation MACHINIST

11. Industry or business STERLING ALUMINUM CO

FATHER
12. Name ERNST HERMAN BIEST
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant Wm H. BIEST
(b) Address 4209 Cleveland Ave

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof MAY-5-1947 (Month) (Day) (Year)

(c) Place: burial or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director Wm J. Robert L. U. Co
(b) Address 1905 So. Grand Blvd.

19. (a) MAY 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1947 hour 1:15 minute P M.

21. I hereby certify that I attended the deceased from 4/8/47 2, 19, to May 2nd, 1947 that I last saw him alive on May 2nd, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate c̄ peri-aortic metastasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 51

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature John R. Showalter Jr. M. D. 5/2/47

Address 1515 Lafayette Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

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.