S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1947

Registration District No. 363

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33531

Primary Registration District No. 6236

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural Charrette
(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 ..... (Specify whether
In this community 84 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles South Femme Osage 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME AUGUST HERMAN HENRY BIERBAUM

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

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

7. Birth date of deceased May (Month) 11 (Day) 1863 (Year)

8. AGE: Years 84 Months 4 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Femme Osage (City, town, or county) Missouri (State or foreign country) 3

10. Usual occupation Ret. Farmer

11. Industry or business .....

FATHER
12. Name Fredirick Bierbaum 4
13. Birthplace (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Whilhelmine Gausmann
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Emma Schaechter
(b) Address Dutzow, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Femme Osage, Mo.

18. (a) Signature of funeral director Fred W. Lichtenberg
(b) Address Marthasville, Missouri

19. (a) 10/3/47 (Date received local registrar) (b) [signature] (Registrar's signature) 224

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1947 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 15 1947, to Oct 1 1947; that I last saw him alive on Sept 29 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage in Mass of Stomach	4 mo
Due to Chr. Hyperacidity of Stomach	10 yr
Due to	
Other conditions Old age (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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other) MD
Address Marthasville MO Date signed 10/3/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number----------
Date Filed 10-10-42

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.....

P. O. Address.....

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.