No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 3 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 180
Primary Registration District No. 1000
Registrar's No. 104

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to St. Joseph Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 18
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2824 Mary Street 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albertus James Bielby
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mona Martin Bielby
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased November (Month) 4 (Day) 1899 (Year)

8. AGE: Years 48 Months 2 Days 20 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Judge of Magistrate
11. Industry or business Buchanan Co., Mo.
FATHER
12. Name Henry Bielby
13. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Mary Louise Pribil
15. Birthplace Seneca (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Mrs. Mona Bielby
(b) Address 2824 Mary St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.
19. (a) 1-27-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 24th
year 1948 hour 8 minute 15 P. M.
21. I hereby certify that I ~~attended~~ viewed the deceased from Jan 24th, 1948, to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94A
Of autopsy

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? Means of injury 3
23. Signature B. W. Tadlock (M. D. or other) Coroner
Address KING HILL BLDG St. Joseph, Mo. Date signed 1/26 '48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

APR 2 1948

APR 1 1948

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 Elbert C. Harrington

Licensed Embalmer No. 5258 Missouri

P. O. Address St. Joseph, 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.