S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6068 1365

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4135 W. Carter Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 6 00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4135 W Carter Ave 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caroline M. Bierbaum
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife W.E. Bierbaum
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 7, 1872 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At home
11. Industry or business

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

MOTHER
14. Maiden name Unknown 11
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Eugene E. Steinkoetter
(b) Address 4115 W. Penrose St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Paragould, Arkansas
18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave
19. (a) Feb 9 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th year 1948 hour 6:00 AM minute M.
21. I hereby certify that I attended the deceased from Last 20 years to 19 that I last saw her alive on Feb 8 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral thrombosis
Due to Diabetes
Due to Mellitus
Other conditions (Include pregnancy within 3 months of death) 0
Major findings:
Of operations
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) no
(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 C. H. Kilker (M. D. or other)
Address 312 Maland Date signed 2/9/48

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

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 Gustav W. Dulick

Licensed Embalmer No. 4329

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.