

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2464

FILED JAN 19 1949

State File No. _____
Registrar's No. **28**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		State File No. _____		Registrar's No. 28					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy			96 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 7120 Edison Ave.									
3. NAME OF DECEASED (Type or Print) a. (First) Arthur Edward b. (Middle) _____ c. (Last) Bierdeman				4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1949									
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH Oct. 1, 1893		9. AGE (In years last birthday) 55		10. UNDER 1 YEAR Months 3 Days 0		11. UNDER 1 MIN. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY Rug		11. BIRTHPLACE (State or foreign country) St. Louis			12. CITIZEN OF WHAT COUNTRY? 0				
13a. FATHER'S NAME Theodore Bierdeman				13b. MOTHER'S MAIDEN NAME Elizabeth Mueller				14. NAME OF HUSBAND OR WIFE Adele Bierdeman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) World War #1				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Adele Bierdeman ADDRESS 7120 Edison							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of body of pancreas ANTECEDENT CAUSES Metastases to liver Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H6715								INTERVAL BETWEEN ONSET AND DEATH 6 mo.			
19a. DATE OF OPERATION 11/18/48		19b. MAJOR FINDINGS OF OPERATION Carcinoma of pancreas with metastases								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____									
22. I hereby certify that I attended the deceased from Sept 3, 1948 , to Jan 1, 1949 , that I last saw the deceased alive on Dec. 31, 1948 , and that death occurred at 5 A. m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Llewellyn Sale, Jr. M.D.				23b. ADDRESS 4500 Olive				23c. DATE SIGNED 1/3/49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 5, 1949		24c. NAME OF CEMETERY OR CREMATORY New Pickers		24d. LOCATION (City, town, or county) (State) St. Louis Mo.							
DATE REC'D BY LOCAL REG. JAN 3, 1949		REGISTRAR'S SIGNATURE J. B. Laertes		FEDERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell							

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

EXPIRES
APR 1945

Dr. E. Hale Jr. Pa. 0157
1500 Olive St. No. 2157
130 - 5 years

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.....
..... Student Embalmer No.
working under my personal supervision.

Signed W. H. VanMatre

Signed.....
Student Embalmer

Licensed Embalmer No. 2825

P. O. Address 4340 7 of ayrite

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.