

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2359**
#6
Registrar's No. **1003**

FILED JAN 19 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. 2359			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 52 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2059			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Faith Hospital				d. STREET ADDRESS (If rural, give location) 5882 A. Etzel Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Katie b. (Middle) Christine c. (Last) Bierbrauer			4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1951						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH Oct. 4, 1869			
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Krumrey			13b. MOTHER'S MAIDEN NAME Gottliebena Muntz			14. NAME OF HUSBAND OR WIFE August Bierbrauer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ivio Biddle, 5882 Etzel, St. Louis, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 24 hr.			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease & Secondary Hypertension							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Infirmities DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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? H250					
22. I hereby certify that I attended the deceased from Nov. 28, 1950 , to Jan 1, 1951 , that I last saw the deceased alive on Jan 1, 1951 , and that death occurred at 4:35A m. , from the causes and on the date stated above.									
23a. SIGNATURE J. B. Schrader M.D. (Degree or title)				23b. ADDRESS 1901 Madison St.		23c. DATE SIGNED 1/2/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/4/51		24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery,		24d. LOCATION (City, town, or county) (State) Bellefontaine, Mo.			
DATE REC'D BY LOCAL REG. JAN 2 1951		REGISTRAR'S SIGNATURE J. B. Schrader		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Fun'l Home, Ballwin, Mo. ADDRESS _____					

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Richard Briggs

Signed.....
Student Embalmer

Licensed Embalmer No. *4584*

P. O. Address *Balls Blain, 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.