.S. No. 300
Rev. 10.48

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

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21742

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5425

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2837a Sidney St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2239
d. STREET ADDRESS (If rural, give location) 2837a Sidney 23

3. NAME OF DECEASED (Type or Print)
a. (First) Rose
b. (Middle)
c. (Last) Bieber

4. DATE OF DEATH (Month) (Day) (Year) 6/11/52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Oct. 28, 1876
9. AGE (In years last birthday) 75 — 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) Recreation for City
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown Bieber
13b. MOTHER'S MAIDEN NAME Cecelia Knell
14. NAME OF HUSBAND OR WIFE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. ---
17. INFORMANT'S SIGNATURE OR NAME Theresa Fritch-2837a Sidney
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis with
INTERVAL BETWEEN ONSET AND DEATH: a few

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Decompensation
INTERVAL: 1 year
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 ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4222

22. *I hereby certify that I attended the deceased from* Sept. 1, 1951, *to* June 11, 1952, *that I last saw the deceased alive on* June 11, 1952, *and that death occurred at* 12:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) M.D.
23b. ADDRESS 3606 Gravois
23c. DATE SIGNED 6/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/14/52
24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.
24d. LOCATION (City, town, or county) St. Louis, Missouri (State)

DATE REC'D BY LOCAL REG. JUN 13 1952
REGISTRAR'S SIGNATURE J Carl Smith M.D.
M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helderle
ADDRESS 3634 Gravois
(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student .....
Student Embalmer

Signed Frank J. Ryland Sr.

Licensed Embalmer No. 2645

P. O. Address Sr 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.