S. No. 300
v. 10.48

FILED SEP 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29134

BIRTH NO. _____ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6049 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY St Charles 0920 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Femme Osage
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Femme Osage R.R. 0920
d. STREET ADDRESS (If rural, give location)

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

4. DATE OF DEATH (Month) (Day) (Year) Aug. 27 - 1952

5. SEX F.
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept 27-1864
9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months A Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Cappeln Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Wiehaus
13b. MOTHER'S MAIDEN NAME W. Schimmer
14. NAME OF HUSBAND OR WIFE Wm Bierbaum

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. none
17. INFORMANT'S SIGNATURE OR NAME Laura Fuerman (Augusta Mo) 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocarditis Chr.	1-3-49
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	general arterio Sclerosis	20 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	cirrhosis of the liver	2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4221
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?

22. *I hereby certify that I attended the deceased from* 1-3, 1949, *to* 8-27, 1952, *that I last saw the deceased alive on* 8 ~~24~~ 15, 1952, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE M Schneider (Degree or title) MD
23b. ADDRESS Marthasville Mo
23c. DATE SIGNED 8-28-52

24a. BURIAL, ~~CREMATION, REMOVAL (Specify)~~ Burial
24b. DATE Aug. 29-52
24c. NAME OF CEMETERY OR ~~CREMATORY~~ Femme Osage
24d. LOCATION (City, town, or county) Femme Osage Mo (State)

DATE REC'D BY LOCAL REG. Aug 28, 1952
REGISTRAR'S SIGNATURE Mrs Viola Fluesmeier 3992
25. FUNERAL DIRECTOR'S SIGNATURE Olie Thilking ADDRESS Augusta Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Olie Shilling

Licensed Embalmer No. 3759

P. O. Address Augusta 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.