

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32897

State File No.

9124

FILED OCT 15 1953

BIRTH NO. 73015-53 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital			e. STREET ADDRESS (If rural, give location) 25 1112 NO. 9th. ST. 225/0			
3. NAME OF DECEASED (Type or Print) GRACE		a. (First)	b. (Middle)	c. (Last) BIELER &	4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 21, 1953	
5. SEX F. 1	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 9-21-1953	9. AGE (In years last birthday) 0 If under 1 year: Months 0 Days 0 If under 2 hrs. Hours 0 Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME BERNARD BIELER		13b. MOTHER'S MAIDEN NAME GRACE MORGAN		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME BERNARD BIELER		17. ADDRESS 1112 NO. 9th. ST.		18. CAUSE OF DEATH		
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES 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.			INTERVAL BETWEEN ONSET AND 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 776X		
22. I hereby certify that I attended the deceased from 9-21-53, 19__, to 9-21-53, 19__, that I last saw the deceased alive on 9-21-53, 19__, and that death occurred at 4:11A m., from the causes and on the date stated above.						
23a. SIGNATURE Hemer H. Hanson, M.D.			(Degree or title)		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 9-21-53						
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-22-1953		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		
24d. LOCATION (City, town, or county) ST. LOUIS, MO.		(State)				
DATE REC'D BY LOCAL REG. SEP 21 1953		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4228 S. KINGS HIGHWAY		

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.....
Signature of Student Embalmer

No Embalming

Signed *Edwina J. Mc Dermott*

Licensed Embalmer No. *302*

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.