

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13112
3090

FILED APR 18 1955

State File No. 13112
Registrar's No. 3090

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|--|--|--|---|
| 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. CITY OR TOWN St. Louis, | d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) | | STREET ADDRESS (If rural, give location) 25 615 Walnut St. 2259 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) SEBASTIAN | | b. (Middle) | c. (Last) BIEN |
| 4. DATE OF DEATH (Month) (Day) (Year) APRIL 4, 1955 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Nov. 9, 1868 |
| 9. AGE (In years last birthday) 86 | | 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) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Gardening | 11. BIRTHPLACE (City and State or Foreign Country) / St. Clair County, Ill. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Andrew Bien | | 13b. MOTHER'S MAIDEN NAME Edna Mesner | 14. NAME OF HUSBAND OR WIFE Never Married |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Span. American | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Bien, Robertsville, Mo. |
| 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) Pneumococcal Pneumonia, Empyema 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. Arteriosclerotic Heart Disease | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 493X | |
| 22. I hereby certify that I attended the deceased from 3-9-55 , 19____, to 4-4-55 , 19____, that I last saw the deceased alive on 4-4-55 , 19____, and that death occurred at 2:45A m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Paul W. Larson, M.D. | | (Degree or title) | 23b. ADDRESS 1515 Lafayette Avenue |
| 23c. DATE SIGNED 4-4-55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 4-7-55 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo. |
| DATE REC'D BY LOCAL REG. APR 6 1955 | REGISTRAR'S SIGNATURE Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington. | |

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

APR 10 1957

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, ~~by~~ by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Etienne P. Penelumb

Licensed Embalmer No. 42

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.