

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18973

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 841 Registrar's No. 1034

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>	c. LENGTH OF STAY (in this place) <b>3 weeks</b>	c. CITY OR TOWN <b>Ferguson 4119</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hosp</b>		e. STREET ADDRESS (If rural, give location) <b>129 Anabel</b>	

3. NAME OF DECEASED (Type or Print) <b>FRED</b>	a. (First)	b. (Middle)	c. (Last) <b>BIEBER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 22 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 9, 1879</b>	9. AGE (In years last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Don't Know</b>	13b. MOTHER'S MAIDEN NAME <b>Don't know</b>	14. NAME OF HUSBAND OR WIFE <b>Annie Maesser Bieber Dec.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>Don't know</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Leo Bieber 129 Anabel, Ferguson, Mo.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of colon</b>	ANTECEDENT CAUSES (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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 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) <b>153x</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3-, 1956, to 4-22-, 1956, that I last saw the deceased alive on 4-22-, 1956, and that death occurred at 12:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph P. Ernst M.D.</b>	23b. ADDRESS <b>601 S. Brentwood Clayton 5, Mo.</b>	23c. DATE SIGNED <b>4-22-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>April 25-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Old St. Marcus Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>4-23-56</b>	REGISTRAR'S SIGNATURE <b>Herbert K. Romke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Weick Bros 2201 South Grand Blvd.</b>
---	--	---

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

Signed *Ben E. Hoffman*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

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.