

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15974

State File No.

FILED APR 29 1957

BIRTH NO.		REG. DIST. NO. <u>363</u>		PRIMARY REG. DIST. NO. <u>6236</u>		Registrar's No. <u>8</u>							
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Warren</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Charrette</u>)		c. LENGTH OF STAY (in this place) <u>60 years</u>		c. CITY OR TOWN <u>Rural Charrette</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles East, Marthasville, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>3 miles East Marthasville, Mo.</u>				<u>1090</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Meta</u>			b. (Middle) <u>Anna Heneretta</u>			c. (Last) <u>Bierbaum</u>				
4. DATE OF DEATH			Month <u>April</u>			Day <u>19</u>			Year <u>1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 15, 1877</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 2 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Warren County, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Herman Hinnab</u>				13b. MOTHER'S MAIDEN NAME <u>Whilimena Bierbaum</u>				14. NAME OF HUSBAND OR WIFE <u>Frank Bierbaum</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Hilda Bierbaum, Marthasville, Mo.</u>				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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chor Myocarditis</u> ANTECEDENT CAUSES <u>Droopy</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u>acute vitilab nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u> <u>1 yr</u> <u>10 yr</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? <input checked="" type="checkbox"/> YES <input 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?					
22. I hereby certify that I attended the deceased from <u>April 16, 1957</u> , to <u>April 19, 1957</u> , that I last saw the deceased alive on <u>April 16, 1957</u> , and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>H. C. Lawson M.D.</u>						23b. ADDRESS <u>Marthasville, Mo.</u>						23c. DATE SIGNED <u>April 20, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>4-22-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Marthasville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4/20/57</u>				REGISTRAR'S SIGNATURE <u>H. C. Lawson</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Edmond P. ...</u>				ADDRESS <u>Marthasville, Mo.</u>	

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

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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.....
Richard H. Zickler

Licensed Embalmer No. 4318

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