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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 10 1958

58-007009
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1347

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [#] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4275 Clarence — Length of stay in Ib: 5 Hrs.

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Ferguson 4109 — Inside Limits: Yes [#] No [ ]
d. STREET ADDRESS (If outside, give location): 321 Ballman — Reside on Farm: Yes [ ] No [#]

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3. NAME OF DECEASED (Type or print): First: Allan Middle: John Last: Bier

4. DATE OF DEATH: Month: Feb. Day: 4 Year: 1958.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [#] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6-25-41

9. AGE (In years last birthday): 16 — 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): Student

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Adam J. Bier

13b. MOTHER'S MAIDEN NAME: Florence M. Schneider

14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Adam J. Bier, Ferguson, Mo. Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ruptured Cerebral Aneurysm.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 330+
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I: Fell while at basket ball in school at 1:58.

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ]

20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [✓] Verdict

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Verdict Rather Traumatic or from Natural Causes could Not be determined

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year 2 4 58

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): School

20f. CITY, TOWN, OR LOCATION St Louis Mo COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 1:26 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Degree or title: Deputy Coroner 3

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 2/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-7-58

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS: White Chapel, Ferguson, Mo.

25. DATE RECD. BY LOCAL REG.: FEB 5 '58

26. REGISTRAR'S SIGNATURE: Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, or other authorized person must sign only statements in Item 18 and Item 20 and only those diseases in Part I must be causally related.

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 Eleuan Rovince

Licensed Embalmer No. 3403

P. O. Address Jennings, 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.