

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015537

STATE FILE NUMBER

FILED APR 18 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3892

300
1-57

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST. LOUIS CITY HOSP. #1		Length of stay in 1b 9 DAYS	d. STREET (If outside, give location) ADDRESS 2726 HERMITAGE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle F Last BIFFAR			4. DATE OF DEATH Month APRIL Day 7 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-6-1858		9. AGE (In years last birthday) 99
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER.		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) Red-Bud ILL 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HENRY BIFFAR		13b. MOTHER'S MAIDEN NAME MARIEVA BUEHLER		14. NAME OF HUSBAND OR WIFE ELIZABETH BIFFAR.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MARIE SEIBEL - 2726 HERMITAGE		
18. CAUSE OF DEATH (Enter only one cause permitted for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis - Perforation of Large Bowel					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3/30/58 to 4/7/58 and last saw her alive on 4/7/58 Death occurred at 7:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Carson W. Bernstein M.D. (Degree or title)			22b. ADDRESS ST. LOUIS, MO.		22c. DATE SIGNED 4/7/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4-9-58	23c. NAME OF CEMETERY OR CREMATORY BETHANY CEM.		23d. LOCATION (City, town, or county) (State) ST. LOUIS Co Mo
24. FUNERAL DIRECTOR JAY B. SMITH - MAPLEWOOD 17 Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. APR 8 '58		26. REGISTRAR'S SIGNATURE J. Paul Smith M.D. <i>M. J. B.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc.: most use only standard nomenclature in item 18. No symptoms with no titles. All 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 *H. J. Burgess*

Licensed Embalmer No. *4029*

P. O. Address. *Maplewood*

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.