RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 4 1960

60-028115
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7280

NDED

DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2124 Mississippi Ave
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2124 Mississippi
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Richard Middle: James Last: Bieger
4. DATE OF DEATH: Month: July Day: 20 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/18/88
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commercial Artist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St Louis Missouri
12. CITIZEN OF WHAT COUNTRY: U S
13a. FATHER'S NAME: Adolph Bieger
13b. MOTHER'S MAIDEN NAME: Elizabeth True
14. NAME OF HUSBAND OR WIFE: Caroline
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Caroline Bieger Address: 2124 Mississippi

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): Chronic Myocarditis Decompensated
DUE TO (b): Myocarditis
DUE TO (c): 422.2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 6 Mo gross
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Dec 20-1959, to July 20 60 and last saw her/him alive on July 14-1960
Death occurred at 7-20-60 m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Nathan J Glaser (Degree or title) M.D.
22b. ADDRESS: 106 Olive St
22c. DATE SIGNED: 7-21-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-25-1960
23c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery
23d. LOCATION (City, town, or county) (State): St Louis County, Mo.
24. FUNERAL DIRECTOR: Moydell Funeral Home
ADDRESS: 1926 Allen
25. DATE REC'D BY LOCAL REG.: JUL 21 1960
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Hadley R. Foeller Jr

Licensed Embalmer No. 4950

P. O. Address St Louis

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