URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8319 60-031890 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4615 Newport
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) 4615 Newport
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Rose Middle C. Last Bielicke
4. DATE OF DEATH Month Aug. Day 22, Year 1960
5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH May 7, 1891
9. AGE (last birthday) 69
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) none
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Fred Baer
13b. MOTHER'S MAIDEN NAME Anna Newman
14. NAME OF HUSBAND OR WIFE Louis A. Bielicke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. unk
17. INFORMANT Address Raymond Bielicke 4615 Newport

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 1-2 yrs
DUE TO (c) 420.0
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 St. Louis, Mo. COUNTY STATE

21. I attended the deceased from 1957, to 8/22/60 and last saw her alive on 8/1/60
Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Mezera (Degree or title) M.D.
22b. ADDRESS 8059 Watson Rd
22c. DATE SIGNED 8/22/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 8-25-60
23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)
24. FUNERAL DIRECTOR Southern Funeral Home ADDRESS 6322 S. Grand, St. Louis, Mo.
25. DATE REC'D. BY LOCAL REG. AUG 24 1960
26. REGISTRAR'S SIGNATURE Neal Smith M.D.

DOCUMENT

Dr Mezera
8059 Hudson
W.B. [illegible]
3 to 5

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 David Van Fosson

Licensed Embalmer No. 4242

P. O. Address St Louis M

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