

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

41620

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 5018

City St. Louis (No. 1338, Virginia)

File No.
Registered No. 34
St. Ward

2. FULL NAME

Bridget Bieri

(a) Residence. No. 1338 Virginia St., 17 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

John Bieri

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 3 - 1860

7. AGE YEARS MONTHS DAYS

70

5

28

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo.

10. NAME OF FATHER

John Bieri

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Switzerland

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

14. INFORMANT

Anna Schneider

(Address) 1338 Virginia

15. FILED

-2 May 1931

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 31 1930

17.

I HEREBY CERTIFY, That I attended deceased from Dec 26, 1930 to Dec 31, 1930 that I last saw him alive on Dec 31, 1930 and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Parenchymatous (Goutal) nephritis

130 (duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) Chr myocarditis

(duration) yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank Hinchey, M. D.

17, 1931 (Address) Humboldt Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Lawel Hill

DATE OF BURIAL

7 - 3 1931

20. UNDERTAKER

J. C. Moydell

ADDRESS

1926 Allen

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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