

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

Do not use this space.

2091

**1. PLACE OF DEATH**

County Jefferson  
Township Scott  
City Desoto (No. ....)

Registration District No. 470  
Primary Registration District No. 30 D 21

File No. ....  
Registered No. 3  
St. .... Ward)

**2. FULL NAME**

Mary Rose Biehleberger

(a) Residence. No. 0 418 S 2nd St. St. .... Ward. ....  
(Usual place of abode)

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 Late Albert Biehleberger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
85 - - -

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer) employee  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Brada

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

12. MAIDEN NAME OF MOTHER Schultz

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

14. INFORMANT Annie Evans  
(Address) Chicago Ill. 8215 sud av

15. FILED 1/2 29 19 29 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1929

17. I HEREBY CERTIFY That I attended deceased from Nov 15 1928 to 1-1-29 that I last saw her alive on 1/7/29 and that death occurred on the date stated above, at Desoto Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Sarcoma of Semur

530 49 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Mo.

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & History

(Signed) Chas E Fuller M. D.  
1/2 29 (Address) Desoto Mo

\*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 Desoto near City Cen. DATE OF BURIAL Jan 3 1929

20. UNDERTAKER R. Cottrill & Son ADDRESS Desoto Mo

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.

IMMEDIATE RECORD

82 1929  
550  
727

