

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

Do not use this space.

38823

**1. PLACE OF DEATH**

County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033B  
 City Normandy, Mo. (No. 7116) Woodrow Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Registered No. 338

**2. FULL NAME**

Bertrudine Bieber  
 (a) Residence No. 7116 Woodrow Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Bieber  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16 - 1891  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min. 40 3 18  
 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) Florissant  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Bernard Honkomp  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Germany  
 12. MAIDEN NAME OF MOTHER Caroline Karlday  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Germany

14. INFORMANT Frank Bieber  
 (Address) 7116 Woodrow Ave.

15. FILED 11/26 1931 Rolla Bruce H.S. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 24, 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1931, to Nov. 24, 1931  
 that I last saw alive on Nov. 24, 1931, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of  
left lung  
 (duration) ... yrs. 4? mos. da.

CONTRIBUTORY (SECONDARY) 47B  
 (duration) ... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical signs  
 (Signed) Joseph Davick, M.D.

Nov. 25, 1931 (Address) 1566 Hodiament  
 \*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 Florissant, Mo. DATE OF BURIAL Nov. 27, 1931

20. UNDERTAKER Jos. H. Clark ADDRESS 1125 Hodiament Ave.

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.

DEC 26 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1932

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