28 1938

REC'D DEC 8 1938

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

40357
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 2 Registration District No. 784
(b) Township ~~Normandy~~ 1 Primary Registration District No. 20 Registered No. 1944
(c) City Pine Lawn, Mo. (d) Street No. 7116 Woodrow Ave., St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 160 Barbara Ann Bieber
(a) Residence, No. 7116 Woodrow Ave., St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1938.
7. AGE: YEARS 0 MONTHS 4 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME Carl Bieber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Francis Hoormann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

17. INFORMANT (ADDRESS) Carl Bieber 7116 Woodrow Ave.,
18. BURIAL, CREMATION, OR REMOVAL PLACE Florissant, Mo. DATE Nov. 28/38.
19. FUNERAL DIRECTOR (ADDRESS) Jos. W. Clark, 1125 Hodiamont Ave.,
20. FILED NOV 28 1938 T. R. Meyer M.D. C.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27/38. 19

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1938, to Nov. 27th, 1938 I last saw her alive on Nov. 27, 1938 Death is said to have occurred on the date stated above, at 3.10 P.M.
The principal cause of death and related causes of importance were as follows:
Congenital heart disease
Open foramen Ovale
Date of onset
Other contributory causes of importance: Congenital
157C
Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ?, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Joseph Davie, M. D.
(Address) 1506 Hodiamont

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I

hereby certify that the body recorded on the reverse side of this certificate was embalmed by No embalming of body

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Jas. M. Clark

Licensed Embalmer No. I66I.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)