

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHDo not use this space.
4442

1. PLACE OF DEATH

(a) County.....
(b) Township.....
or
(c) City..... St. LouisRegistration District No. 791
Primary Registration District No. 1003
(d) Street No. City Hospital No. 1

Registered No. 1135

(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.

D. 15927

Anton Bier

2. PRINT FULL NAME

(a) Residence, No. 1820 Arsenal St. 34
(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 male
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 Barbara Bier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 4 5OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. baker
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) Austria

FATHER
13. NAME Jacob Bier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER
15. MAIDEN NAME Magdalena Biere

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Bur. Pl. DATE 2-6-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) With Bro. L. & H. Co. 2929 S. Jefferson Av.

20. FILED FEB 4 1939 J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/3/39 19

22. I HEREBY CERTIFY That I attended deceased from 1/31/39 to 2/3/39

I last saw him alive on 2/3/39, 19

Death is said to have occurred on the date stated above, at 5.15 p

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease (decompensated)

Date of onset

Other contributory causes of importance:

Name of operation 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? 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) E. D. Brudick I., M. D.

(Address) City Hospital No. 1

(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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Paul G. Shanklin
working under my personal supervision.

....., Registered Apprentice No.....

Signed *Paul G. Shanklin*

Licensed Embalmer No. *3479*

P. O. Address *9999 S. Jefferson*

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

If this body is not embalmed, above space should be left blank.