

REC'D MAY 10 1939

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

13182
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **3234 Minnesota 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 **75** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

320 Elizabeth Bietsch
(a) Residence, No. **3234 Minnesota Ave.** St. **16** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Bietsch		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30th. 1846		
7. AGE YEARS 92	MONTHS 3	DAYS 14
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home	
	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) Germany		
FATHER	13. NAME Dont Know-Meier	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Dont Know	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT Mrs. E. H. O'Brien (ADDRESS) 3234 Minnesota Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetary DATE 4-17-39		
19. FUNERAL DIRECTOR (NAME) Provost Und. Co. (ADDRESS) 3710 N. Grand Blvd.		
20. FILED 19 J. B. Budick Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-14-39** 19

22. I HEREBY CERTIFY, That, I attended deceased from **Jan 2nd 1939** to **4/13 1939**
I last saw her alive on **Apr. 13th 1939** Death is said to have occurred on the date stated above, at **6.15 A.M.**
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Date of onset **3 months ago**

Other contributory causes of importance
Chronic Venous Stasis
(Scurvy)
Chronic Kidney Disease } **4 years**

Name of operation **None** Date of
What test confirmed diagnosis? Was there an autopsy? **no**

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 **no**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Chronic Myocarditis**
(Signed) **Dr. M. D. Taylor** M. D.
(Address) **4244 N. Florissant**

APR 17 1939

(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.

A. J. Vogler
4300 N. 20th St
3-4

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Robert L. Bunker

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd.

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.