5 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30237

Registration District No. 284 Primary Registration District No. 111 Registrar's No. 1512

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rich Hgts (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 10 days (Specify whether

In this community ~~entire life~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Clayton Mo. (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. Chaminade College (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Brother Joseph Bieg S.M.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 8 (Day) 1889 (Year)

8. AGE: Years 50 Months 1 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Chaminade College

FATHER
12. Name Hermany Bieg
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Preiss
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Fr. Valentine Braun

(b) Address Chaminade College

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-39 (Month) (Day) (Year)

(c) Place: burial or cremation Maryhurst Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) AUG 25 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd. year 1939 hour 3:30 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from 12 Aug, 1939, to Aug 23, 1939; that I last saw him alive on Aug 23, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Sclerosis	OK
Due to arteriosclerosis	
Due to: Diabetes Mellitus - Chronic; Pancreatic & Bladder; Disease Chlorophyll; Chronic myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations As above

Of autopsy As above - 59

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address University Clo Bld Date signed 8/23/39

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed Reinhold K. Lohma

Licensed Embalmer No. 3395

P. O. Address.....

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

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