

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23824**
6269
Registrar's No. _____

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Mo. 17 Days**
(Specify whether
In this community **19 Years**
years, months or days)

3. (a) PRINT FULL NAME **Sante Bier**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **600**
494-10-1818

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **Ernesta Bier** 6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **May 10, 1892**
(Month) (Day) (Year)

8. AGE: Years **48** Months **2** Days **15** If less than one day
hr. min.

9. Birthplace **Italy 7**
(City, town, or county) (State or foreign country)

10. Usual occupation **Terrazzo Worker**

11. Industry or business _____

MOTHER FATHER { 12. Name **Angelo Bier**
13. Birthplace **Italy 7**
(City, town, or county) (State or foreign country)
14. Maiden name **Helena Bier**
15. Birthplace **Italy 7**
(City, town, or county) (State or foreign country)

16. (a) Informant **Peter Bier**
(b) Address **3859 Delmar Blvd.**

17. (a) **Burial** (b) Date thereof **7-27-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**
3840 Lindell
(b) Address

19. (a) **JUL 26 1940** (b) **J.F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis** **19**
(If outside city or town limits, write "RURAL")
(d) Street No. **3859 Delmar Blvd.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **19 Years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25**
year **1940** hour **6:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 8**, 19 **40** to **July 25**, 19 **40**;
that I last saw him alive on **July 25**, 19 **40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic pulmonary tuberculosis.**
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **None**
Of autopsy **None**
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? _____

While at work? _____ (Specify type of place) (c) Means of injury? _____

23. Signature **James P. Murphy** (M. D. or other) **7/25/40**
Address **1515 Lafayette, St. Louis** Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

W H Van Matre

Licensed Embalmer No.

2825

P. O. Address

4340 Lafayette

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, fact should be so stated above.