

FILED MAR 17 1942

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3108 Illinois Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri  
(a) State \_\_\_\_\_ (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 2411  
(d) Street No. 3108 Illinois Avenue  
(If rural, give location) 7  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clemens Bielefeld

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 12

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

year 1942 hour 3:45 minute A. M.

4. Sex Male ( ) 5. Color or race White 6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from February 9-1942  
\_\_\_\_\_ 19 \_\_\_\_\_ to February 12, 1942  
that I last saw him alive on February 12, 1942  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

7. Birth date of deceased April 26, 1941  
(Month) (Day) (Year)

Pneumonia Gonorrhea / day

8. AGE: Years \_\_\_\_\_ Months 9 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Purulent Rhinitis  
Acute Bronchitis

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

Due to Ulcerative Paronychia  
Staphylococcus 3 days

10. Usual occupation None

Other condition non-diphtheritic  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

Major findings: none PHYSICIAN \_\_\_\_\_

12. Name Henry Bielefeld

Of operations \_\_\_\_\_

13. Birthplace Modoc, Illinois  
(City, town, or county) (State or foreign country)

Of autopsy none

14. Maiden name Mary Egan

Underline the cause to which death should be charged statistically.

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Henry Bielefeld

(a) Accident, suicide, or homicide (specify) no

(b) Address 3108 Illinois Avenue

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 2/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation New SS. Peter & Paul

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director John N. Gebauer Sons

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

(b) Address 2630 Gravois Av. J. F. Bielefeld

23. Signature Wm. L. Beck (M. D. or other) MD.  
Address 15767 Gravois St. B. Date signed 2-12-42

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

MOTHER FATHER

**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..... *Robert F. Gibben* .....

Licensed Embalmer No..... 4144 .....

P. O. Address..... 2630 Gravois Avenue .....

**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.**