S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4812

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 71

1. PLACE OF DEATH:
(a) County: CAPE GIRARDEAU
(b) City or town: CAPE GIRARDEAU (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 411 S. PACIFIC ST. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Not in Hospital (Specify whether)
In this community (years, months or days): 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CAPE GIRARDEAU
(c) City or town: CAPE GIRARDEAU MO (If outside city or town limits, write "RURAL")
(d) Street No.: 411 S. SPRIGG ST (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: WALTER H. BIERSCHWAL
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: DIVORCED
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JULY (Month) 16 (Day) 1890 (Year)
8. AGE: Years 55 Months 7 Days 5 If less than one day hr. min.
9. Birthplace: DUTCHTOWN (City, town, or county) MO (State or foreign country)
10. Usual occupation: BLACKSMITH
11. Industry or business: none
FATHER 12. Name: JOHN C. BIERSCHWAL
FATHER 13. Birthplace: DUTCHTOWN (City, town, or county) MO (State or foreign country)
MOTHER 14. Maiden name: ALVENA BRAKEBUSCH
MOTHER 15. Birthplace: DUTCHTOWN (City, town, or county) MO (State or foreign country)
16. (a) Informant: Selma C. Randolph
(b) Address: Cape Girardeau, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 23 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: LORIMIER Cemetery
18. (a) Signature of funeral director: M. J. Lorberg
(b) Address: Cape Girardeau Mo
19. (a) 2-23-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 21 day FEB. 21 year 1946 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 20, 1946 to Feb. 20, 1946 that I last saw him alive on Feb. 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: B.W.

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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State) (Specify type of place)
While at work? — (e) Means of injury: —
23. Signature: C. D. Murphy (M. D. or other)
Address: Cape Girardeau, Mo Date signed: 2-21-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

File Number 346-1800

3-6-46

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo

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.