. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 30 1948
Registration District No. 31

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14882
Primary Registration District No. 3069
Registrar's No. ~~958~~ 957

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town ~~St. Louis~~ Richmond Hts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 14 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Washington 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1318 E 4th 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME Kenneth Edward Bieker
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MO
5. Color or race W
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 February (Month) 29 (Day) 1948 (Year)

8. AGE: Years 0 | Months 1 | Days 11 | If less than one day — hr. — min.
9. Birthplace Washington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Bernard C Bieker
13. Birthplace Washington (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mildred D Meyer
15. Birthplace Washington (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Bernard C. Bieker
(b) Address 1318 E. 4th St
17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof 4-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Missouri
18. (a) Signature of funeral director Nieburg & Vill Inc
(b) Address Washington Missouri
19. (a) 4-10-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10
year 48 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from 2-7, 1948 to , 19 ;
that I last saw him alive on 4-10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to septicemia	
Due to Infection diarrhea of new born	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1190	
Of autopsy	

PHYSICIAN
Underline the cause of 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 P. E. Davis (M. D. ~~or other~~)
Address 634 N Grand Date signed 4-11-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Jerome F. Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington 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.