

FILED MAY 15 1948
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution:
Olive St. Road. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none. (Specify whether)

In this community 50 years
years, months or days

3: (a) PRINT FULL NAME Otto Biele, Sr.

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 Widower

6. (b) Name of husband or wife Rose Bacon Biele,

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

7. Birth date of deceased Feb. 24, 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 8
If less than one day hr. min.

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

10. Usual occupation Barber, (Retired)

11. Industry or business Own shop,

12. Name Henry Biele,

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

14. Maiden name Unknown,

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

16. (a) Informant Owner Biele,

(b) Address Chesterfield, Mo.

17. (a) Burial (b) Date thereof May, 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cem. Monarch, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) 2-2-48 (b) Carl J. Haffner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96

(c) City or town Chesterfield,
(If outside city or town limits, write "RURAL")

(d) Street No. Olive St. Road.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 30 P.M.
year 1948 hour minute

21. I hereby certify that I attended the deceased from May 1, 1948 to May 2, 1948
that I last saw him alive on 5/2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 2 days.

Due to Arterio Sclerosis

Due to 836

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Ch. J. Quinn (M. D. or other)

Address 2522 N. Kingshighway Date signed 5/1/48

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.....

Richard Bopp

Registered Apprentice No. *23*

working under my personal supervision.

Signed

Thos. Schradew

Licensed Embalmer No. *3066*

P.O. Address *Baltimore, 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.