

Registration District No. **318**

Primary Registration District No. **1003**

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:
City Sanatorium
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 15 yrs.
(Specify whether
In this community..... 65 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal
13 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

JACOB BIEBER

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bertha

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

7. Birth date of deceased unk
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab. 65 hr. min.

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

10. Usual occupation..... Presser

11. Industry or business.....

12. Name..... Philip Bieber

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

14. Maiden name..... Russiam

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

16. (a) Informant..... Sol Bieber

(b) Address..... 6717 Kingsbury

17. (a) Burial (b) Date thereof 12/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... B'nai Amoona

18. (a) Signature of funeral director..... Berger Memorial

(b) Address..... 4715 McPherson

19. (a) DEC. 27 1948 (b) J. B. Lasota
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1948 hour 1.30 minute P M.

21. I hereby certify that I attended the deceased from Jan.
1 19 43 to Dec. 26 19 48
that I last saw him alive on Dec. 26 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Duration

Due to..... Arteriosclerotic Heart Disease
c Decompensation 10 yrs. x

Due to..... Generalized Arteriosclerosis

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

Major findings:
Of operations.....

Of autopsy.....
PHYSICIAN
Underline the cause to which death could 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..... R. Hofmiller (M. D. or other) M.D.
Address..... 5400 Arsenal St. Date signed 12/26/48

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 *Lewis L Ludwig*

Licensed Embalmer No. *4229*

P. O. Address.....

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.