

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

22053

FILED JUN 27 1949

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1291

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>(none)</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ballwin 4</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 17</u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>6306 Hancock Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>J.</u> c. (Last) <u>Bieser</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 24 1949</u>		
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<b>5. SEX</b> <u>Male 0</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married 1</u>		<b>8. DATE OF BIRTH</b> <u>May 28 1892</u>		<b>9. AGE (In years last birthday)</b> <u>56</u>		<b>IF UNDER 1 YEAR</b> Months Days Hours Min.	
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Meat Cutter</u>			<b>11. BIRTHPLACE</b> (State or foreign country) <u>Mascoutah, Ill 1</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U S A</u>		
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<b>13a. FATHER'S NAME</b> <u>Adam Bieser</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Arma Reis</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Bertha Bieser</u>		
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Bertha Bieser 6306 Hancock Ave.</u>				<b>ADDRESS</b> <u>6306 Hancock Ave.</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 days.</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia.</u>							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Faternal sclerosis.</u>							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3561 824</u>							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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22. I hereby certify that I attended the deceased from 3-21-49, 1949, to 5-20, 1949, that I last saw the deceased alive on 3-21, 1949, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>D. Hoffmeister M.D. 1927</u>		<b>23b. ADDRESS</b> <u>St. Louis</u>		<b>23c. DATE SIGNED</b> <u>5-21-49</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>May 27, 1949</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Resurrection Cem.</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>St. Louis County, Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>5-25-49</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Thurd Ludwig</u>		<b>FUNERAL DIRECTOR'S SIGNATURE</b> <u>D. Hoffmeister Colonial Mort</u>		<b>ADDRESS</b> <u>6664 Chippewa</u>	
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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Linna C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.