

No. 300
10. 48

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28901

State File No.

BIRTH NO. 520-22-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1971

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		OR TOWN <u>2239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1822 So. 11th Street</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>PAULA</u>	b. (Middle) <u>DIANE</u>	c. (Last) <u>BIELLER</u>	(Month) <u>August</u>	(Day) <u>16</u>	(Year) <u>1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>August 13, 1950</u>		9. AGE (In years last birthday) <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Paul Bieller</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Ditch</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Paul Bieller</u>		
ADDRESS <u>1822 So. 11th Street</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>		
	ANTECEDENT CAUSES		
DUE TO (b) <u>Severe pulmonary stenosis.</u>		<u>8-14-50</u>	
DUE TO (c) <u>Congenital Heart Disease.</u>		<u>8-16-50</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atelectasis lungs.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>atelectasis both lower lobes, severe pulmonary valve stenosis.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7544</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15, 1950, to 8-16, 1950, that I last saw the deceased alive on 8-15, 1950, and, that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chester P. Lynxwiler M.D.</u>	(Degree or title)	23b. ADDRESS <u>1325 S. Grand Ave</u>	23c. DATE SIGNED <u>8-16-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>

DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 17 1950</u>	REGISTRAR'S SIGNATURE <u>Harbert S. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLAUGHLIN FUNERAL HOME, INC</u>	ADDRESS <u>2301 Lafayette Ave</u>
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(Licensed Embalmer's Signature on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James R. Chapman

Licensed Embalmer No. 4550

P. O. Address H. Lavinia, 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.