

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21523**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1097**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN Ballwin 474
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		e. STREET ADDRESS (If rural, give location) Pinecrest Nursing Home	

3. NAME OF DECEASED (Type or Print) Frank	a. (First)	b. (Middle) E Bieber	c. (Last)	4. DATE OF DEATH 6-3-54
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Dec. 25, 1885	9. AGE (in years last birthday) 68	IF UNDER 1 YEAR Months 5 Days 8	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank Clerk	10b. KIND OF BUSINESS OR INDUSTRY 1st Nat. Bank of	11. BIRTHPLACE (City and State or Foreign Country) Unk.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Unk	13b. MOTHER'S MAIDEN NAME Unk	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 494-26-4744	17. INFORMANT'S SIGNATURE OR NAME Mrs. Burgess, Pinecrest Nursing Home	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5-27-54**, 19**54**, to **6-3-54**, 19**54**, that I last saw the deceased alive on **6-3-54**, 19**54**, and that death occurred at **7:05 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. G. Donlick M.D.	23b. ADDRESS 601 South Brentwood	23c. DATE SIGNED 6-3-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24b. DATE 6-8-54	24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 6/7/54	REGISTRAR'S SIGNATURE Herbert B. Amstutz	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral	ADDRESS 1905 Union
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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision.:

Student.....
Signature of Student Embalmer

Signed..... *Albert R. Thompson Jr.*

Licensed Embalmer No. *4237*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.