

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41825**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10979**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis</i>	c. LENGTH OF STAY (If this place) <i>8 days</i>	c. CITY OR TOWN <i>Columbia</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo-Pae Hosp</i>		e. STREET ADDRESS (If rural, give location) <i>RR #1</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>FRANCIS</i> b. (Middle) <i>UOSEPH</i> c. (Last) <i>BIELLER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 14 1955</i>		
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan 29 1882</i>	9. AGE (In years last birthday) <i>73</i>	IF UNDER 1 YEAR Months	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) <i>Car repairman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>RENAULT, ILLINOIS</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
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13a. FATHER'S NAME <i>VICTOR BEIER</i>		13b. MOTHER'S MAIDEN NAME <i>MARY HARRIGAN</i>		14. NAME OF HUSBAND OR WIFE <i>Della DEERTZ</i>	
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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) <i>NO</i>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <i>Russel K Bieller - E. Carroll St.</i>		
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Coronary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 min.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertensive Arteriosclerotic Heart Dis, 7 yrs.</i> DUE TO (c) <i>Senility</i>			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>420.0</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 *Dec 7*, 1955, to *Dec 14*, 1955, that I last saw the deceased alive on *Dec 14*, 1955, and that death occurred at *6:57 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or Title) <i>M.D.</i>	23b. ADDRESS <i>Mo-Pae Hosp</i>	23c. DATE SIGNED <i>12-15-55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12-17-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>VALNALLA</i>	24d. LOCATION (City, town, or county) (State) <i>Bulletts Illinois</i>	
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DATE REC'D BY LOCAL REG. <i>DEC 15 1955</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Harold [Signature] [Address]</i>		
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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 *Harold A. Rashin*.....

Licensed Embalmer No. *1491*.....

P. O. Address *Dep. 2*.....

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.