

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 22008Registration District No. 23Primary Registration District No. 5796-Registrar's No. 7

## 1. PLACE OF DEATH:

- (a) County Moniteau  
 (b) City or town rural Wild Horse camp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether

In this community

56 yrs.

years, months or days)

3. (a) PRINT FULL NAME FREDRICK M. BIERI

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 Mary Miller

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased March 11 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>3</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace Bern Switzerland  
(City, town, or county) (State or foreign country)10. Usual occupation retired farmer11. Industry or business work at tailoring trade in Switzerland12. Name John Bieri13. Birthplace Bern Switzerland  
(City, town, or county) (State or foreign country)14. Maiden name Anna Haeckel15. Birthplace Bern Switzerland  
(City, town, or county) (State or foreign country)16. (a) Informant Carl W. T. Bieri(b) Address California, Mo.17. (a) burial (b) Date thereof 6-25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Evangelical Cemetery18. (a) Signature of funeral director J. W. Wilson & Son(b) Address California, Mo.19. (a) 6-26-43 (b) Mar. H. J. Sullivan  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Moniteau 68  
 (c) City or town rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 10 mi. southwest of California  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country Switzerland 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1943 hour 9:30 minute \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from May 10  
1943 to June 22 1943  
that I last saw him alive on June 22 1943  
and that death occurred on the date and hour stated above.Immediate cause of death Crown Thrombosis 2 Min  
Duration

Due to \_\_\_\_\_

Due to g/aOther conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should 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 Davison (M.D. or other) D.O.Address California Date signed 6/24/43

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*A. E. Wilson*

Licensed Embalmer No.....

*2351*

P. O. Address.....

*California, 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.**