

REC'D DEC 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38546
Do not use this space.

1. PLACE OF DEATH

(a) County Senton
(b) Township
(c) City Cole Camp
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 59
Primary Registration District No. 4034

Registered No. 35

(d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

600 Infant of R U ~~Blair~~ Bieri
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-22-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp Mo

FATHER 13. NAME R U Blair Bieri
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Mo

MOTHER 15. MAIDEN NAME Gertrude Springs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Mo

17. INFORMANT (ADDRESS) Ralph U Bieri Cole Camp Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical Cem. DATE 11-23-3819. FUNERAL DIRECTOR (NAME) (ADDRESS) E. S. Schubert Cole Camp Mo20. FILED 11-23-38 Sue Selover Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22-38, 193822. I HEREBY CERTIFY, That I attended deceased from 11-22- 1938, to 11-22- 1938I last saw him alive on never 1938. Death is said to have occurred on the date stated above, at 11:30 AM.

The principal cause of death and related causes of importance were as follows:

Still born Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) R. U. Bieri, M. D.(Address) Cole Camp Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-441

Date Filed 12-5-38

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

E. W. Eickhoff

Licensed Embalmer No. 790

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 this body is not embalmed, above space should be left blank.