

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

Do not use this space.

10564

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital**)

File No.....

Registered No. **3193**

St.....

Ward.....

2. FULL NAME

(a) Residence. No. **277 Keokuk St.** **24** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **57** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male

white

widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb. 7. 1870

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

57

1

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

Postman

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

10. NAME OF FATHER

Ed. Biemel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Elizabeth Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14. INFORMANT

(Address)

*City Hospital
E. Kramer
City Hospital*

15. FILED

APR - 2 1927

Max B. Starckoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

March 31 1927

17.

I HEREBY CERTIFY That I attended deceased from *Jan 11*, 19*27*, to *March 31*, 19*27*, that I last saw him alive on *March 31*, 19*27*, and that death occurred, on the date stated above, at *11:12 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach

4 1/2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

4 1/2

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

4/11 (Signed) *St. Louis*, M. D. *1927* (Address) *City Hospital*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Concordia Cem.

4-3 1927

20. UNDERTAKER

ADDRESS

White Wood & Co. 2929 1/2 Jefferson

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.

Dermer