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

Do not use this space.

21929

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 203 Registered No. 6075

City St Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Isabelle Biebinger

(a) Residence. No. 5251 Westminster St., 12 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 21, 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	22	7	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer American Ins Co

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) No

PARENTS

10. NAME OF FATHER Ernest H Biebinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) No

12. MAIDEN NAME OF MOTHER Doris Farley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Iowa

14. INFORMANT Bettye R. Brown
(Address) 2951 N. Euclid ave

15. FILED JUN -6 1928 Max C. Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 - 5 1928

17. I HEREBY CERTIFY, That I attended deceased from 6 - 4 (8 P.M.), 1928, to 6 - 4 (11 P.M.), 1928 that I last saw her alive on 6 - 4, 1928, and that death occurred, on the date stated above, at ~~[illegible]~~

THE CAUSE OF DEATH* WAS AS FOLLOWS: 3 45 a.m.

Cardiac Decompensation
42A
45 P (duration) ~~10~~ yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Mitral regurgitation (duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Good

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) George Manting, M. D
, 19 (Address) 5655 Delmar

*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 Bellefontaine Cemetery DATE OF BURIAL June 7 1928

20. UNDERTAKER Diehmann Hansel ADDRESS 1905 Union

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.

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