

SEP 26 1930

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

Do not use this space.

30898

1. PLACE OF DEATH Emmaus Home.
County St. Charles Registration District No. 757
Township St. Charles Primary Registration District No. 9036
City St. Charles (No. _____) Randolph St. St. _____ Ward)

File No. _____
Registered No. 181

2. FULL NAME Elizabeth Biddlingmeyer
(a) Residence, No. Emmaus Home. St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. _____ ds. How long in U.S., if of foreign birth? yrs. mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20, 1878.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 9 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Charles County, Missouri.
(STATE OR COUNTRY)

10. NAME OF FATHER George Biddlingmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Charles County, Missouri.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rosina Straub.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles County, Missouri.
(STATE OR COUNTRY)

14. INFORMANT Mrs. J. W. Biddlingmeyer,
(Address) St. Charles, Mo.

15. FILED 9/6, 1930 By J. Bleiburn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4, 1930.

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1930 to Sept 4, 1930
that I last saw her alive on Sept 3, 1930 and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

191 Myocarditis dub.
934
7412 (duration) _____ yrs. _____ mos. 30 ds.
CONTRIBUTORY Encephalitis from
(SECONDARY) heat stroke (duration) _____ yrs. _____ mos. 15 ds.

18. WHEREAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Signs & symptoms

(Signed) A. E. Schurz, M. D.

Sept 5, 1930 (Address) St. Charles, Mo.

*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 St. Johns Cemetery DATE OF BURIAL 9/6/30

20. UNDERTAKER Steinbrinker Fun. Co ADDRESS St. Charles, 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.

