WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

37250

DEC 23 1930

1. PLACE OF DEATH

County St Louis — Registration District No. 788 — File No.

Township — Primary Registration District No. 4471 — Registered No. 91

City Glendale (No. 225, Berry Rd. St. Ward)

2. FULL NAME Henry S. Biest

(a) Residence. No. 225 Berry Rd. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U.S., if of foreign birth? 63 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Bertha Lohse Biest

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23 - 1851

7. AGE: 79 YEARS — MONTHS: 1 — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Whole Sale Shoes
(c) Name of employer: International Shoe Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Herman Biest
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Lizette Stickford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs Bertha Lohse Biest
(Address) 225 Berry R Glendale

15. FILED 11-28, 1930. Dr A. W. Westrup, T. Carlock, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1930, to Nov. 26, 1930 that I last saw him alive on Nov. 25, 1930 and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrombosis coronary, artery.
(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) Cardio vascular disease — Hemiplegia (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical finding
(Signed) H. A. Gaddis, M. D
11/27, 1930 (Address) Webster Grove

*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: Oak Hill — DATE OF BURIAL: Nov 28 1930

20. UNDERTAKER: Parker Und Co — ADDRESS: Webster Grove