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.

36201

File No. 36201

Registered No. 10732

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 703

City St. Louis (No. 3319, Magnolia ave St. ..... Ward)

2. FULL NAME Dr. Edward F. Biewend

(a) Residence, No. 3319 Magnolia St., 17 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: 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~~ Elizabeth Biewend

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-6-1854

7. AGE: YEARS 76 | MONTHS 11 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, 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) St. Louis Mo.

FATHER

13. NAME Adolph Biewend
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Sophie Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris France

17. INFORMANT (ADDRESS) Elizabeth Biewend 3319 Magnolia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE Oct. 23, 1931

19. UNDERTAKER (ADDRESS) Arthur H. Fedder 2223 S. Grand

20. FILED OCT 22 1931, 19 Max C. Stockloff Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to 10-20-, 1931

I last saw him alive on Oct 20, 1931 Death is said to have occurred on the date stated above, at 9.20 a.m.

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

(1) Myocarditis, Chronic
(2) Angina Pectoris

Date of onset: 10/20/31

Other contributory causes of importance:
Tumor of bladder, Type unknown

Name of operation Punch & Prostate Date of July 16-31

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where 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) Neil S. Moore, M. D.
(Address) 729 Frisco Bldg.