

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

Do not use this space.

6604

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

St. Louis Mo. (No. Barnes Hospital)

File No.

Registered No. **1678**

St.

Ward)

2. FULL NAME

(a) Residence, No. **1210 Oakley St., 5** 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

Female

4. COLOR OR RACE

White American

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Edward. N. Biessow

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

April 5 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

57

10

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home 235

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)

Bangor. Me. 2

FATHER

13. NAME

Charles. W. Hetchum

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Quebec Ca. 5

MOTHER

15. MAIDEN NAME

Sarah Clark.

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Maine. 9

17. INFORMANT

(ADDRESS)

E. Biessow 1210 Oakley St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bellefontaine

DATE *Feb. 22 1932*

19. UNDERTAKER

(ADDRESS)

Alexander. J. Sims 2617 S. Edgar Blvd

20. FILED

FILED

Feb 20 1932

W. C. Farnham Registrar

MEDICAL CERTIFICATE OF DEATH

3

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

Feb. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from

2-15 1932 to 2-19 1932

I last saw her alive on *2-19 1932* Death is said

to have occurred on the date stated above, at *2:10 p.m.*

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

*Degenerative Heart Disease
Coronary Infarction
Chronic Myocarditis*

Other contributory causes of importance:

*93C
94B
95B*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____ **(D)**

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *James D. Thompson*, M. D.

(Address) **BARNES HOSPITAL**

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.

