

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

Do not use this space.

3162

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township Critical Primary Registration District No. _____
 City Richmond Mo No. St. Marys Hospital St. _____ Ward _____

File No. _____
 Registered No. 11

2. FULL NAME Bertha L. Biedenstein

(a) Residence, No. 1125 Rutger Street St. _____ 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 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27th, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
62 7 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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. 17

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
 (STATE OR COUNTRY)

13. NAME Henry H. Biedenstein

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
 (STATE OR COUNTRY)

15. MAIDEN NAME Louisa Strhbeck

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
 (STATE OR COUNTRY)

17. INFORMANT William Biedenstein
 (ADDRESS) 1125 Rutger Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 17th 1933

19. UNDERTAKER Wick Bros
 (ADDRESS) 2201 S. Grand Boulevard

20. FILED Jan 14 1933 Robt. J. Ambruster
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13th 19 33

22. I HEREBY CERTIFY, That I attended deceased from January 12th 1933 to January 13th 1933
 I last saw h. alive on January 13th 1933 Death is said to have occurred on the date stated above, at 4:40 m. P.M.

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

Cerebral Hemorrhage Date of onset Jan 12th
Arterio-Sclerosis
Hypertension
 Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? Phys findings Was there an autopsy? no

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) August F. Hecker M. D.
 (Address) 6194 Delmar Road

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.

Mr. Newman -

6194 Linden

1 P.M.