MAY 7 1937

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

Do not use this space.

14657

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4153

City St. Louis, Mo. (No. 3511 Ohio Ave., ... St. ..... Ward)

2. FULL NAME Herman F. Biesinger,

(a) Residence, No. 3511 Ohio Ave., ... St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17th, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	7	2	

OCCUPATION

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

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 Thomas Biesinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Carolina Woermer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss. Louise Biesinger 3511 Ohio Ave.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Crem. DATE April 21st 1937

19. UNDERTAKER (ADDRESS) Hy Leidner Mnd Co 1417 N. Market St

20. FILED APR 21 1937 19 J F Budeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19th 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3d, 1937, to Apr. 19th, 1937

I last saw him alive on Apr. 19th, 1937. Death is said to have occurred on the date stated above, at 840 A.m.

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

Chronic Myocarditis several yrs. ago

Other contributory causes of importance:

Arterio-Sclerosis several yrs. ago

Name of operation X Date of X

What test confirmed diagnosis? Clinical symptoms & history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury X

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

If so, specify X

(Signed) M. E. Haase, M. D.

(Address) 4263 W. Pine Boul.

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.

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