

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City **St. Louis,** (No. **Deaconess Hospital**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **18462**  
Registered No. **5038**

2. FULL NAME **Adelheid Biedermann**

(a) Residence, No. **3322 Humphrey Str.** St. **16** Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **70** yrs. mos. ds. How long in U. S., if of foreign birth? **70** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Albert Biedermann**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1855**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**About 82 Unknown**

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

13. NAME **Christian Dietmier**

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

15. MAIDEN NAME **Adelheid Fisher**

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

17. INFORMANT (ADDRESS) **3322 Humphrey Str.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. Peter & Paul** DATE **May 19, 1937**

19. UNDERTAKER (ADDRESS) **Am. C. Magrell 1926 Allen Ave.**

20. FILED 19..... **J. Brebeck** Registrar.  
**MAY 18 1937**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 16, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 2**, 19**37** to **May 16**, 19**37**  
I last saw her alive on **May 16**, 19**37** Death is said to have occurred on the date stated above, at **5.45 A.M.**

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

**Chronic myocarditis**  
**Cholelithiasis with gall stones**  
Date of onset

Other contributory causes of importance:  
**Cholelithiasis with gall stones**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **Walter H. Miller** M. D.  
(Address) **2715 South Grand Blvd**

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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*St. Louis*

