G2289938 REC'D SEP 9 1938

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

30003
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 200 — Registered No. 1418
(c) City Pine Lawn (d) Street No. 6113 Charlotte St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oscar F. Biederman 365
(a) Residence, No. 6113 Charlotte St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Lillie Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6 1861

7. AGE: Years 77 | Months 7 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dept. Store
9. Industry or business in which work was done, as saw mill, bank, etc. Floor Mgr.
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 George
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Wilhelmina Guenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Lillie Biederman
(ADDRESS) 6113 Charlotte

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram DATE 8/27/38, 19

19. FUNERAL DIRECTOR (NAME) W. A. Stock Und. Co.
(ADDRESS) 2117 E. Grand

20. FILED AUG 26 1938 T. R. Meyer M.D. D.P.H. Local Registrar 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/26, 1938, to 8/24, 1938
I last saw him alive on Aug. 24, 1938 Death is said to have occurred on the date stated above, at 1:19 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of neck involving all cervical glands and adnexa.	1 yr.
Chr. myocarditis, Chr. arterio-sclerosis, Chr. Hypertension, Chr. interstitial Nephritis. Extreme senile	
Other contributory causes of importance:	
Generalized C.A. toxemia.	4 mo.
Uremia	
Myocardial failure. 536	

Name of operation None Date of --
What test confirmed diagnosis? History and Clinical 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? --
If so, specify
(Signed) Luke B. Smith, M. D.
(Address) 3718 Jennings Rd. St. Louis, Mo.

(Licensed Embalmer's Affidavit on Reverse Side)

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.

WRITE PLAINLY WITH INK. DO NOT FOLD. USE A PENCIL OR TYPEWRITER.

X14023

Ex 19[illegible]8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3041

P. O. Address 2117 E. [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.