DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34242

Registration District No. 1008 Primary Registration District No. Registrar's No. 8780

REC'D NOV 13 1939

1. PLACE OF DEATH:

(a) County St Louis Missouri

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Louis Children's Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1

(c) City or town St Louis, ~~Missouri~~ (If outside city or town limits, write "RURAL") 24

(d) Street No. 1982 Arsenal (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Baby Girl Biby

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wht

6. (a) Single, widowed, married, divorced Chy

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 10 (Month) — 12 (Day) — 39 (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. min.

9. Birthplace St Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Kenneth Biby
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Dehner
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. Blum

(b) Address St Louis Ch. Hosp.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Mo.

18. (a) Signature of funeral director Tiegenheim Bros.

(b) Address 2623 Cherokee Street

19. (a) OCT 16 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-14-39 day year hour 5 minute 10 p. M.

21. I hereby certify that I attended the deceased from Oct 13, 1939, to Oct, 1914; that I last saw her alive on Oct. 14th, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cyanosis of new born Cause undetermined

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Bronchopneumonia

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. C. Jandon (M. D. or other)

Address St Louis Children's Hosp. Date signed 10/14/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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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 Juddie A. Ziegenheim

Licensed Embalmer No. 2270

P. O. Address 2623 Cherokee

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.