

Registration District No. 911

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 59 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Laura E. Biehl
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Biehl 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 30th, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 23 hr. min.

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

10. Usual occupation Household

11. Industry or business _____
12. Name Louis Bode
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Bress
15. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Corle C. Jacobs
(b) Address 1111 Wilmington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereon Jan. 25, 1940
(Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Beiderwieders funeral home
(b) Address 1936 St. Louis Avenue

19. (a) JAN 24 1940 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1111 Wilmington
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd
year 1940 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan 12 - 1940
_____, 19____, to Jan. 22 - 1940
that I last saw him alive on January 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intra peritoneal Abscess Duration 3 wks.
I do not know.

Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Probably malignant tumor of posterior wall of abdomen secondary infected. (Streptococcus) & Colon Bac. no autopsy

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) no
(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?

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature Raymond F. Barnes (M. D. or other) MD
Address 634 No. Grand Date signed 1/23/40

WIGLE PLAINLY USE UNWRADING 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.

I 19181

Dr Raymond B
1710. Theatre Bldg

3-5 P.M.

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.....

Thos. A. Bidderman

Licensed Embalmer No. *506*

P. O. Address.....

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.