

E10509

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

745

Registrar's No.

745

Registration District No. 31

Primary Registration District No. 1003

1. PLACE OF DEATH:

FEB 17 1940

- (a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo. 26 Days
 (Specify whether years, months or days)
 In this community 10 yrs.

8. (a) PRINT FULL NAME Joseph Biederman 36.58. (b) If veteran, name war Unknown 8. (c) Social Security No. Unknown4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years7. Birth date of deceased July 14, 1869
(Month) (Day) (Year)8. AGE: Years 70 Months 6 Days 7 If less than one day hr. min.9. Birthplace Penna.
(City, town, or county) (State or foreign country)10. Usual occupation Nil.11. Industry or business Nil.

MOTHER FATHER
 { 12. Name Anton Biederman
 { 13. Birthplace Penna.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Margaret Lulcraft
 { 15. Birthplace Penna.
 (City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address City Hospital, #117. (a) BURIAL (b) Date thereof 1-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY18. (a) Signature of funeral director Walter Kelly
(b) Address 1416 N. Taylor Ave19. (a) JAN 25 1940 (b) J. B. Biederman
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County X
 (c) City or town St. Louis 25
 (If outside city or town limits, write "RURAL")
 (d) Street No. 112a So. 4th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21,
year 1939 hour 12:15 minute P.M.21. I hereby certify that I attended the deceased from October 27, 1939, to December 21, 1939,
that I last saw him alive on December 21, 1939,
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia
arteriosclerosisDue to fibrosis of myocardium
Due toOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature J. B. Biederman (M. D. or other) _____
Address 1515 Lafayette Date signed 1/3/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 2
11-10-39
5-17-39
PI X2142

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

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.