

ED JUN 15 1940

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4560**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6010 Leona 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town St. Louis 1
(If outside city or town limits, write "RURAL")
 (d) Street No. 6010 Leona
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 22
 year 1940 hour 7 minute A.M. M.

21. I hereby certify that I attended the deceased from
Sept, 1936, to May 21, 1940,
 that I last saw him alive on May 21, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Chronic nephritis
Diabetes

Due to _____
 Due to _____
 Other 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 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?

While at work? _____
(Specify type of place) (e) Means of injury.
 23. Signature J. G. Grant (M. D. or other)
 Address 5521 S. Adams Date signed 5/23/40

3. (a) PRINT FULL NAME Leo E. Biedermann
 3. (b) If veteran, name war _____
 3. (c) Social Security No. none

4. Sex Male 5. Color or race Wh.
 6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Anna C. Biedermann
 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 12-16-1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 6
 If less than one day _____ hr. _____ min.

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

10. Usual occupation salesman

11. Industry or business victrolas (own business)

12. Name Jacob Biedermann

13. Birthplace Canada
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Albrecht

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Biedermann
 (b) Address 6010 Leona

17. (a) Burial (b) Date thereof 5-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Park Lawn Cem

18. (a) Signature of funeral director Southern Trust
 (b) Address 6322 S. Grand

19. (a) MAY 23 1940 (b) J. F. Biedermann
(Date of death) (Signature)

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

Dr. Graneto
5521 S. Broadway
1-3

Please sign
we will pick up
tomorrow -

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 Virgil L. Berryman
Licensed Embalmer No. 4018
P. O. Address St. Louis Mo

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.