

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(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:
5251 Westminster Plc.,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Oscar L. Biebinger.

8. (b) If veteran, name war none 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Nettie L. Biebinger. 6. (c) Age of husband or wife if alive 80. years

7. Birth date of deceased Nov. 26, 1859.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80.	9.	20.	hr. _____ min.

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

10. Usual occupation President.

11. Industry or business Mallinckrodt Chemical Wks

MOTHER FATHER { 12. Name F. W. Biebinger.
 { 13. Birthplace Mutterstadt, Germany.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Sophie Kock.
 { 15. Birthplace Urfurt, Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs O. L. Biebinger.

(b) Address 5251 Westminster Plc.

17. (a) Entombment. (b) Date thereof 9/19/40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Boulevard.

19. (a) SEP 18 1940 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town St. Louis. 12
(If outside city or town limits write "RURAL")
 (d) Street No. #5251 Westminster Plc.,
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
 year 1940 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan - 1930
 _____, 19____, to Sept 17, 1940;

that I last saw him alive on Sept 17, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - chr. Duration 6 years

Due to Arteriosclerosis - general 10 years
Coronary sclerosis 3 years

Due to age

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Walter F. [Signature] (M. D. or other) _____

Address 3720 Washington Date signed 9-18-40

DI WALTER FISHER.
3720 Washington St.
HRS - 2 to 4:30 P.M.
JE - 8498

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.