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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12629
Registrar's No. 3059

FILED MAY 13 1941

Registration District No. 791

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: 3838 Connecticut Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) 11 years

3. (a) PRINT FULLNAME EDWARD WILLIAM BIEHL

3. (b) If veteran, name war none

3. (c) Social Security No. 489-01-2441

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife ANNA 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 29 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 0 7 hr. min.

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

10. Usual occupation Watchman

11. Industry or business International Shoe Co.

MOTHER FATHER

12. Name Chris Biehl

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

14. Maiden name Caroline Timpler

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

16. (a) Informant Anna Biehl

(b) Address 3838 Connecticut Street

17. (a) Burial (b) Date thereof April -9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director J W McLaughlin

(b) Address 230 Lafayette Avenue

19. (a) APR -8 1941 (b) J W Bredek
(Date received local registrar) (Registrar's signature)

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. 3838 Connecticut Street
(If rural, give location)

(e) Foreign born 17 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1941 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Chronic Interstitial Nephritis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 131

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) (c) Means of injury 3

23. Signature Edward J. Perry (M. D. or other).....
Address 1214 1/2 E. 12th Date signed 4/12/41

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

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.....

L. R. Cooper
.....
Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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, fact should be so stated above.