S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 801

Registrar's No.

70

1. PLACE OF DEATH:

(a) County

(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:
St. Louis City Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 24

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3310 Missouri Av. D
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Biggs

3. (b) If veteran, name war no

3. (c) Social Security No. 486-12-2255

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mamie Biggs

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 10 (Day) 1886 (Year)

8. AGE: Years 55 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Searcy (City, town, or county) Ark. 1 (State or foreign country)

10. Usual occupation Machinist + Mechanic

11. Industry or business

FATHER
12. Name Fred Biggs
13. Birthplace Collierville (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Ella Vock
15. Birthplace Collierville (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Mamie Biggs
(b) Address 3310 Missouri Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus Cem

18. (a) Signature of funeral director Witt Bros Lo Wa
(b) Address 2929 S. Jefferson Av.

19. (a) JAN 26 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1942 hour 7:00 minute 15 P. M.

21. I hereby certify that I attended the deceased from January 20, 1942, to January 24, 1942
that I last saw him alive on January 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pyelonephritis with uremia No Stones

Due to

Due to

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

Major findings:
Of operations Heart Insane

Of autopsy Above

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1515 Lafayette Date signed 1/26/42

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jefferson A

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.