

FILED FEB 3 1942

Registration District No. 782

Primary Registration District No. 106

Registrar's No. 193

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Kirkwood  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
407 Bodley Ave.  
 (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) Unknown

8. (a) PRINT FULL NAME Bertha Biebinger

8. (b) If veteran, name war No 8. (c) Social Security No. None

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

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased. August 23 1862  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>5</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Henry Bodemann  
 13. Birthplace Unknown Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Scheler  
 15. Birthplace Unknown Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Edna Brundage  
 (b) Address 407 E Bodley Ave.

17. (a) Cremation (b) Date thereof 1/27/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Robert Helms  
 (b) Address 3634 Gravois Ave.

19. (a) JAN 26 1942 (b) C. H. McHarron  
 (Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 94  
 (c) City or town Kirkwood 4  
 (If outside city or town limits, write "RURAL") 3  
 (d) Street No. 407 Bodley Ave. 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 th.  
 year 1942 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 24  
1941, to Jan 25, 1942  
 that I last saw her alive on Jan 25, 1942  
 and that death occurred on the day and hour stated above.

Immediate cause of death:  
Arteriosclerosis  
Semipile  
 Due to Hypertension + age  
Pneumonia bacterial 24hr  
 Due to \_\_\_\_\_

Other conditions:  
 (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations none  
 Of autopsy none

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 D

23. Signature R. E. Garton (M. D. or other)  
 Address Webster James Date signed 1-26-42

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

REC'D

**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 Frank J. O'Neil  
Licensed Embalmer No. 2645  
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.**