

Registration District No.

1943
818

Primary Registration District No.

1003

Registrar's No.

1086

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

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:
Alexian Bros. Hospital, O.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour,
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Biedermann,

3. (b) If veteran, name war..... 3. (c) Social Security No. 497-07-2372

4. Sex Male, O 5. Color or race White 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Alvina Biedermann, 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased June 8, 1882,
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 24 ..hr. ..min.

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

10. Usual occupation Brewery Worker,
11. Industry or business Anheuser-Busch, Inc.

MOTHER FATHER { 12. Name Cosmas Biedermann,
13. Birthplace Germany, 4
(City, town, or county) (State or foreign country)
14. Maiden name Louise Hartlieb,
15. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

16. (a) Informant Alvina Biedermann,
(b) Address 4649 Idaho Ave.,

17. (a) Burial, (b) Date thereof 2/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Hebken Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) FEB 2 1943 (b) J. F. Brudack
(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. 4649 Idaho Ave.,
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... O

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd.
year 1943 hour 12 minute 12 A.M.

21. I hereby certify that I attended the deceased from Nov. 1st.
1942 19... to Feb 1st 1943
that I last saw him alive on Feb 1st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Chronic nephritis

Due to.....
Due to.....

Other conditions.....
(include pregnancy within 3 months of death)

Major findings: None
Of operations.....
Of autopsy Chronic nephritis

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) (c) Means of injury.....

23. Signature Dr. J. A. O. Dwyer (M. D. or other)
Address 9190 King Highway signed 2/2/43

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.....

Joe D. Benz

Licensed Embalmer No. 4249

2842 Cherokee St.
St. Louis, Mo.

P. O. Address.....

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.