

35187

State File No. _____

FILED NOV 13 1944

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 2235

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? 457 N. Taylor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 457 N. Taylor
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Davis Biggs

3. (b) If veteran name war None

3. (b) Social Security No. 44-10-0098

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
 year 1944 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept 21
28 to Oct 30, 1944
 that I last saw him alive on Oct 30, 1944
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alice N. Biggs

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased John 13-1867
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion 1 Mo
 Due to Hypertensive Cardiovascular Disease 8 years

8. AGE: Years 68 Months 9 Days 18
 If less than one day _____ hr. _____ min.

Due to _____

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

Major findings: AMJ

Of operations _____

Of autopsy _____

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

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

10. Usual occupation Vice President

11. Industry or business St. Louis Lemon Fruit Co.

12. Name Killian H. Biggs

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

14. Maiden name Shotwell

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

16. (a) Informant Mrs. Alice N. Biggs

(b) Address 457 N. Taylor

17. (a) Burial (b) Date thereof 10-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rob Hill Cem

18. (a) Signature of funeral director Louis H. Popp

(b) Address Kirkwood Mo

19. (a) 11/2/44 (b) E. S. McNaughton
(Date received local registrar) (Registrar's signature)

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 H. A. Sautter (M. D. or other) _____
 Address 19 E. Lakewood Date signed 11/2/44

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

76
4
3

MOTHER FATHER

11
12

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

47

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.....

John M. Simon

Licensed Embalmer No.....

4343

P. O. Address.....

*745 Zephyr Pl.
Northwood, N.C.*

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.