

FILED MAR 23 1945

Registration District No. _____

Primary Registration District No. _____

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:
Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Minnie Biebusch

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased: 8 (Month) 30 (Day) 1898 (Year)

8. AGE: Years 75 Months 6 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. H. Biebusch
13. Birthplace West Phalia Germany
(City, town, or county) (State or foreign country)
14. Maiden name Clara E. Poetker
15. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Theis, Jr.
(b) Address 410-12 Olive Street

17. (a) Burial (b) Date thereof 3-13-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (c) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd.

19. (a) MAR 13 1945 (Date received by registrar) J. Z. Bredbeck (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. 4066 Lindell Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11
year 1945 hour 6 minute 10 M.

21. I hereby certify that I attended the deceased from 2/23/45, 19____, to 3/11/45, 19____;
that I last saw her alive on 3/10/45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Renal Suppression Duration 29hrs.

Due to Urino Pneumonia Right Side
(History of Flu 3 weeks before)
not considered a cause

Other conditions Arterio sclerosis 10-15%
(Include pregnancy within 3 months of death)

Autopsy, major findings:
Major findings: Pericardial Sac large, due to
thick yellow material - Kidneys small
and atrophied - Renal abscess
Uterus large - fibroids - one filled with pus.

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? _____ (c) Means of injury _____

Signature: E. B. Waters (M.D. or other) _____
Address: Kirkwood, Mo. Date signed 3/12/45

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..... *Rex P. Campbell*.....

Licensed Embalmer No..... *3881*.....

P. O. Address..... *W. Davis 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, fact should be so stated above.