S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14518

State File No.

FILED APR 24 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3409

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

13418

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: U
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days in (Specify whether
In this community Mo. Bap. Hospital
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland 1.8
(If outside city or town limits, write "RURAL")

(d) Street No. 8660 Burton N. R1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME Margaret E. Biedenstein

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Henry G. Biedenstien

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June (Month) 6 (Day) 1888 (Year)

8. AGE: Years 57 Months 10 Days 5 If less than one day — hr. — min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business own home

FATHER
12. Name John Roth.
13. Birthplace Unknown (City, town, or county) — (State or foreign country) 9

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) — (State or foreign country) 0

16. (a) Informant John H. Biedenstein 1

(b) Address 8660 Burton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-46 (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Pads Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackland, Overland, Mo.

19. (a) APR 13 1946 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 11
year 46 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 2, 1946 to April 11, 1946;
that I last saw her alive on April 11, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute nephritis	7 da
Due to: Diabetes mellitus	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

61

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 0

23. Signature [signature] (M. D. or other) M.D.

Address 4500 Olive St. Date signed 4/11/46

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. C. Ortmann

Licensed Embalmer No. 3478

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.