

FILED DEC 9 1946

318

Primary Registration District No. _____

1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:
Alexian Bros. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether _____)

In this community life
years, months or days

3. (a) PRINT FULL NAME Austin W. Biggs

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

3. (c) Social Security No. _____

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Magdalene Biggs

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 17 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation Election Commissioner

11. Industry or business City of St. Louis, Mo.

MOTHER FATHER

12. Name Unknown Biggs

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Magdalene Biggs
(b) Address 4954 Tyrolean Ave.,

17. (a) Burial (b) Date thereof 11-30-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander S. Swo
(b) Address 6173 Delmar

19. (a) NOV 29 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Alexian Bros. Hosp. 4954 Tyrolean
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1946 hour 1: minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov-11-1946
_____ 19____ to Nov-29 1946
that I last saw him alive on Nov-28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction with coronary arteriosclerosis
Due to degeneration of coronary artery of the coronary fistula

Duration 3 yrs

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings: 93
Of operations _____

Of autopsy _____

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? _____

23. Signature J. F. Bredeck (M. D. or other) Dr.
Address 3122 S. ... Date signed 11-29-46

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

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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.....
Thomas C. Dewick

Licensed Embalmer No.....
3793

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, fact should be so stated above.