. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22918

FILED JUL 12 1947

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 1453

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Since 5/8/47 (Specify whether years, months or days)
In this community: 23 years

2. USUAL RESIDENCE OF DEASCED:
(a) State: ~~Missouri~~ Ill. (b) County: 999
(c) City or town: ~~Benton~~ Macedonia
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 1 Box 123
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: BIDDLE, Harry D.
3. (b) If veteran, name war: World War 2
3. (c) Social Security No.: unknown
4. Sex: male
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: March 26, 1923 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
24	3	7	10 hr. 45 min.

9. Birthplace: Macedonia, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Howard Biddle
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Kate Johnson
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar, Vet. Adm. Hospital,
(b) Address: Jefferson Barracks 23, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 4, 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Benton, Illinois
18. (a) Signature of funeral director: C. Hoffmeister U.&L. Co.
(b) Address: 7814 S. Broadway
19. (a) 7-7-47 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 4
year: 1947 hour: 10:45 minute: A.M.
21. I hereby certify that I attended the deceased from May 8, 1947, to July 4, 1947; that I last saw him alive on July 4, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: SUBDURAL HEMATOMA
Due to: 830
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings: Of operations: No Operation
Of autopsy: No Autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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: L. E. Stilwell (M. D. or other)
Address: Vet. Adm. Hosp., Jeff. Bks., Mo Date signed: 7/5/47

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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

OCT 31 1947

JUL 25 1947

SEP 30 1947

AUG 31 1948

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 Henry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.