V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 25 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40477

Registration District No. 327 | Primary Registration District No. 6076 | Registrar's No. 2401

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Carsonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2625 Carson Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Lemay
(If outside city or town limits, write "RURAL")
(d) Street No.: Meramec Bottom Rd.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mina Biehle
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Charles Biehle
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: January (Month) 11 (Day) 1863 (Year)

8. AGE: Years 84 | Months 10 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace: Cape Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....

FATHER
12. Name: Louis Gebhardt
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Riess
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Albert Biehle
(b) Address: Meramec Bottom Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Biehle, Mo.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) 11-21-47 (Date received local registrar) (b) Cecil J. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20 year 1947 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from 8-27-46 to 11-20-1947 that I last saw him alive on 11-19-1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	
Due to: Hypertensive	
Due to: 93d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) .....
(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 .....

23. Signature: W. D. Wash (M. D. or other) M.D.
Address: 8032 N. Broughton Date signed 11-21-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 John S. Dennehy

Licensed Embalmer No. 4194

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.