No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2270

FILED JAN 30 1948

Registration District No. 318

Primary Registration District No. 103

Registrar's No. 702

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Died in route to hospital (Specify whether years, months or days)

In this community:

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.: 4246 Gano Ave.

(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: William A. Biederman

3. (b) If veteran name war: None

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Divorced

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

7. Birth date of deceased: Sept. 2, 1893 (Month) (Day) (Year)

8. AGE: Years 54 | Months 4 | Days 20 | If less than one day hr. min.

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

10. Usual occupation: Salesman

11. Industry or business:

FATHER
12. Name: John Biederman
13. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mary Martens
15. Birthplace: Shiloh (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: John Biederman
(b) Address: 4246 Gano Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Johns Cemetery

18. (a) Signature of funeral director: Math. Hermann & Son
(b) Address: 2161 E. Fair Ave.

19. (a) JAN 23 1948 (Date received by registrar) (b) J. F. Brescoll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1948 to Jan 22 1948 that I last saw him alive on Jan 22 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolus, cardiac

Due to: Acute Chronic Myocarditis

Due to:

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

Major findings:
Of operations:

Of 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):

(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: [illegible] (M. D. or other)

Address: 1918 E Gano Date signed:

Jefferson City Printing Co.

(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 Wilford G. Burnley

Licensed Embalmer No. 4207

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.