S. No. 2
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#83616

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9981

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2963

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

1. PLACE OF DEATH:

(a) County

(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: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2916 S. 13th ST. 9
(If rural, give location)

(e) Citizen of foreign country? 24 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HERMAN BIEDERMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY (Month) 3 (Day) 1885 (Year)

8. AGE: Years 62 Months 10 Days 22 If less than one day hr. min.

9. Birthplace ST. LOUIS MO 17
(City, town, or county) (State or foreign country)

10. Usual occupation FREIGHT HANDLER

11. Industry or business BUSCH BREWERY

FATHER
12. Name COMAS BIEDERMANN
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LOUISE HARTLIEB
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant EARL BIEDERMANN
(b) Address 3437 PENNSYLVANIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 27, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEM.

18. (a) Signature of funeral director Thomas Kuti & Son
(b) Address 2906 GRAVOIS

19. (a) MAR 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th year 1948 hour 12 minute 05 P M.

21. I hereby certify that I attended the deceased from 3/15/48, 19, to March 25th, 1948; that I last saw him alive on March 25th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Diverticulitis of the sigmoid colon with perforation.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Diverticulitis of the sigmoid colon with perforation.
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 H. L. Trafton M.D.
Address 1515 Lafayette (M. D. or other) 3/25/48 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 Harmie C. Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Gravois

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.