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FILED MAY 11 1948

State File No. 13866

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4195

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
De. Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 6 weeks
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... no

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

(d) Street No. 5456 Queens avenue 9
(If rural, give location) 0

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Emma Biedermann

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..... Wm. F. Biedermann

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

7. Birth date of deceased..... May 26 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 11 6 hr. min.

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

10. Usual occupation..... at home

11. Industry or business..... none

12. Name..... Wm. Schmelzer

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

14. Maiden name..... Sophia Fine

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

16. (a) Informant..... Mabel Biedermann

(b) Address..... 5456 Queens avenue

17. (a) burial (b) Date thereof..... May 5 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Memorial Park Cemetery

18. (a) Signature of funeral director..... A. K. L. Co.

(b) Address..... 2707 N. Grand Bly'd

19. (a) MAY 4 1948 (b) J. F. Muecke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 2
year..... 1948 hour..... 8 minute..... 30 a. M.

21. I hereby certify that I attended the deceased from..... April 24 to..... May 2 19..... 48
that I last saw her alive on..... May 1 19..... 48
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cervical cyst, malignant from left ovary 2 1/2 yrs

Due to..... Partial intestinal obstruction 11 mos.

Due to.....

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

Major findings:
Of operations..... left ovarian cyst

Of autopsy..... malignant degeneration left ovarian cyst

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?..... 0
(Specify type of place)

While at work?..... (a) Means of injury..... 1st

23. Signature..... Chas. Post (M. D. or other) MD
Address..... 3500 N. Grand Date signed..... 5-3-48

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

MOTHER FATHER

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 *Stanley H. Dixon*
Licensed Embalmer No. *H193*
P. O. Address. *St. Louis.*

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.