

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24978
Registrar's No. 1730

FILED JUL 31 1948

Registration District No. 317

Primary Registration District No. 6026

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(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 3 Days
(Specify whether
In this community 3 Days
years, months or days)

3: (a) PRINT FULL NAME BIGGS, Miller

3. (b) If veteran, name war WW-1

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 23 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 2 21 hr. min.

9. Birthplace Dallas County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Wire Weaver

11. Industry or business

12. Name Unavailable

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

14. Maiden name "

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

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks 23, Mo.

17. (a) Burial (b) Date thereof 7/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l Cem. Jeff. Bks. Mo.

18. (a) Signature of funeral director C. Hoffmeister Colonial Mort.

(b) Address 6267/1 Chippewa St. Louis, Mo.

19. (a) 2-16-48 (b) Charles Hoffman
(Date received local registrar) (Registrar's signature)

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. 907 So. Taylor Ave.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1948 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from July 11, 1948 to July 14, 1948
that I last saw him alive on July 14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS Duration
WITH MYOCARDIAL INFARCTION

Contributory cause:
PULMONARY INFARCTIONS, MULTIPLE

Due to 940

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Autopsy performed
(See cause of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
(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?
While at work? (Specify type of place) (e) Means of injury

23. L. E. Stilwell (M. D. 1935)
Address VAH, Jeff. Bks. Mo. Date signed 7/15/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A LEGIBLE COPY

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address: *7814 S Broad*

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.