

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>2009</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis Mo.</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>118 1/2 N. Broadway</b>				d. STREET ADDRESS (If rural, give location) <b>118 1/2 N. Broadway</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b>			b. (Middle) _____		c. (Last) <b>Biedfeld</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 3 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (If any)		8. DATE OF BIRTH <b>Apr 18 1895</b>		9. AGE (In months, if under 1 year; in years, months, days, if over 1 year) <b>53 yrs 11 mo 15 da</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>bank</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>bank</b>		11. BIRTHPLACE (State or foreign country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Wm K</b>			13b. MOTHER'S MAIDEN NAME <b>Wm K</b>			14. NAME OF HUSBAND OR WIFE <b>Wm K</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>Wm K</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robert C. Taylor</b>		ADDRESS <b>1300 Clark</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Interstitial Nephritis</b>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>131a W. 9</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>59x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert C. Taylor</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>3/9/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>MAR 31 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Wm K 31 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service</b>		
					ADDRESS <b>4104 Manchester Ave.</b>		

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

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**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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Signed Ralph W Henson

Signed .....  
Student Embalmer

Licensed Embalmer No. 3791

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.