

FILED JUL 30 1949

#99347

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 24597  
6229  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6229				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis						
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 1946 Provenchere Pl.						
3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) OTTO c. (Last) BIESEMEIER			4. DATE OF DEATH (Month) (Day) (Year) July 15th, 1949							
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 3, 1872		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Gardner		11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Carl Bieseemeier			13b. MOTHER'S MAIDEN NAME Caroline Lack			14. NAME OF HUSBAND OR WIFE Johanne Bieseemeier				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-03-5107		17. INFORMANT'S SIGNATURE OR NAME Johanne Bieseemeier				ADDRESS 1946 Provenchere Pl.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)										
MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis - left										
INTERVAL BETWEEN ONSET AND DEATH 4 days										
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.										
ANTECEDENT CAUSES										
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										
DUE TO (b)										
DUE TO (c)										
II. OTHER SIGNIFICANT CONDITIONS										
Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 7/11/49 19, to 7/15/49 19, that I last saw the deceased alive on 7/15/49 19, and that death occurred at 8:20 PM, from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Carl M. Cordwell M.D.				23b. ADDRESS 1515 Lafayette Ave.,			23c. DATE SIGNED 7/15/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE July 18, 1949	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory			24d. LOCATION (City, town, or county) (State) St. Louis, County				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 18 1949 J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. L. & U. Co.			ADDRESS 2929 S. Jefferson Ave.					

(Licensed Embalmer's Statement on Reverse Side)

Ave.

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

**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.

Student .....  
Student Embalmer

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 Saffers

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.