

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34930

FILED OCT 28 1949

State File No. 9150

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
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 Saint Louis, Missouri		c. LENGTH OF STAY (In this place) All Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		d. STREET ADDRESS (If rural, give location) 26 1730 N. 20th Street,		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital								
3. NAME OF DECEASED a. (First) Thomas (Type or Print)			b. (Middle) W.		c. (Last) Biesinger		4. DATE OF DEATH (Month) (Day) (Year) Oct. 19th, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH August 9th, 1898	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 2 Days 10	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY Samuel Shoe Co.		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Charles Biesinger			13b. MOTHER'S MAIDEN NAME Anna Biesinger nee Hogan		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara Rethemeyer, 11 Bellerieve Acres				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lung - pleura 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.				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION 9/2/49		19b. MAJOR FINDINGS OF OPERATION Reb resection + thorax drained off spec				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) 49				
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? 16.3 X				
22. I hereby certify that I attended the deceased from June 4, 1948 , to Oct 19, 1949 ; that I last saw the deceased alive on Oct 19, 1949 , and that death occurred at 7:00 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Donald E. Kelker			23b. ADDRESS 3121 N. Grand		23c. DATE SIGNED 10/20/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/22/49	24c. NAME OF CEMETERY OR CREMATORY Old St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis, Missouri			
DATE REC'D BY LOCAL REG. OCT 21 1949		REGISTRAR'S SIGNATURE J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.				

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

Handwritten text on the right margin, possibly a name or date, partially cut off.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *John A. Melina*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4186*.....

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.