

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42282**  
**10664**  
Registrar's No.

106252

318

REG. DIST. NO. PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY 000			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 10 - 3225 Green					
3. NAME OF DECEASED (Type or Print)		a. (First) ARTHUR	b. (Middle) BIEHLE	c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) Dec. 10th, 1949		5. SEX male		6. COLOR OR RACE white			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Sept. 10, 1899		9. AGE (In years last birthday) 50			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) assembly man		10b. KIND OF BUSINESS OR INDUSTRY Minnie Company		11. BIRTHPLACE (State or foreign country) Nehle, Mo. 10			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles		13b. MOTHER'S MAIDEN NAME Minnie Capehart			
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Edward Biehle		ADDRESS 4927 St. Louis					
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) Myocardial Infarction, Acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion 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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) 94-00			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H221			
22. I hereby certify that I attended the deceased from 12/9/49, 19, to 12/10/49, 19, that I last saw the deceased alive on 12/10/49, 19, and that death occurred at 50pm m., from the causes and on the date stated above.							
23a. SIGNATURE Carow Hendin M.D.		(Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,			
23c. DATE SIGNED 12/12/49		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12/13/49			
24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St. Louis					
DATE REC'D BY LOCAL REG. DEC 12 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Bros., 2849 N. Euclid			
				ADDRESS Sullivan Bros., 2849 N. Euclid			

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 Gustav Deally

Licensed Embalmer No. 43297

P. O. Address.....

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.