

No. 300  
10-48

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15353  
Registrar's No. 881

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bine Lawn</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pine Lawn</b>		4160	
c. LENGTH OF STAY (in this place) <b>20 Years</b>		d. STREET ADDRESS (If rural, give location) <b>43 Blackmore Place</b>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>43 Blackmore Place</b>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Katie</b>	b. (Middle) <b>S.</b>	c. (Last) <b>Biedenbender</b>	(Month) <b>April</b>	(Day) <b>3rd</b>	(Year) <b>1950.</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 24th, 1869</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 2 HRS. Days <b>9</b>	Hours <b></b>	Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (State or foreign country) <b>Cincinnati, Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jacob H. Abbihl</b>	13b. MOTHER'S MAIDEN NAME <b>Kate Schweitzer</b>	14. NAME OF HUSBAND OR WIFE <b>Late George Biedenbender</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Emma Dempsey, 43 Blackmore Place, P. L.</b>	ADDRESS <b></b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>5 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Pulmonary Nephritis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>-</b> DUE TO (c) <b>-</b>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Nephritis</b>		<b>5 years</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>no</b>	20. AUTOPSY? <b>NO</b>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **June 4, 1945** to **Apr 3, 1950**, that I last saw the deceased alive on **Apr 3, 1950**, and that death occurred at **1:45 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Mrs. J. J. Langens, Jr.</b>	23b. ADDRESS <b>5803 Ch. month av.</b>	23c. DATE SIGNED <b>Apr 4/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal-Rail</b>	24b. DATE <b>4/5/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Vine St. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cincinnati, Ohio</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 4 1950</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>	ADDRESS <b></b>
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(Licensed Embalmer's Statement on Reverse Side)

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

4000

5803 *Hygammeter* *Case* *Case*  
12 to 1 Pm *Case* *Case*

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

*John A. Miesner*

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.