

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18869**

BIRTH NO. 38329-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1333

4005

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

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS MO</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond Hgts</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2428 WALTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARYS Hosp</u>			

3. NAME OF DECEASED a. (First) <u>VINCENT</u> b. (Middle) <u>George</u> c. (Last) <u>BIEDENSTEIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 25 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>MAY 25 1950</u>		9. AGE (In years last birthday) <u>—</u> MONTHS <u>—</u> DAYS <u>—</u>		10. UNDER 1 YEAR IF UNDER 1 YEAR Hours Min. <u>— 2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MLK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>ST Louis Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>VINCENT BIEDENSTEIN</u>		13b. MOTHER'S MAIDEN NAME <u>DOROTHY HARTIGAN</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vincent Biedenstern</u> ADDRESS <u>3428 Walton</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cellulitis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>neonatal</u>		
	DUE TO (c) <u>—</u>		
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) <u>7620</u> (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?	
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22. I hereby certify that I attended the deceased from May 25 1950, to —, 19—, that I last saw the deceased alive on 5/25/50, 19—, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. A. W. Winger M.D. - U</u>		23b. ADDRESS <u>3115 Brown Rd.</u>		23c. DATE SIGNED <u>5/23/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CHARLES</u>	
24d. LOCATION (City, town; or county) (State) <u>ST. LOUIS MO</u>					

DATE REC'D BY LOCAL REG. <u>5-26-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Wombe, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ORTMAN F. HOME</u> ADDRESS <u>9222ackland</u>	
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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.

Student .....  
Student Embalmer

Signed: *Al C. Ostmann*

Licensed Embalmer No. *3478*

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.