

STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1951

State File No. 11313  
Registrar's No. 11313

BIRTH NO. REG. DIST. NO. 218 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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 1 1/2 days  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109

d. FULL NAME OF HOSPITAL OR INSTITUTION Christien Hospital d. STREET ADDRESS (If rural, give location) 10 4017 Peck Street 0

3. NAME OF DECEASED a. (First) John b. (Middle) Biederman c. (Last) Biederman 4. DATE OF DEATH (Month) (Day) (Year) Dec. 31 1950

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2 8. DATE OF BIRTH November 19 1865 9. AGE (In years last birthday) 85

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Wayne Bigler 915 Olive St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial infarction 1 week. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension 3 years DUE TO (c) 2. 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  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR 1443X

22. I hereby certify that I attended the deceased from Dec 26, 1950, to Dec 31, 1950, that I last saw the deceased alive on Dec 31, 1950, and that death occurred at 10:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Grace A. Murphy M.D. 23b. ADDRESS 4032 W. Florissant Ave 23c. DATE SIGNED Jan 1 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 3 1950 24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. JAN 3 1951 REGISTRAR'S SIGNATURE J. B. L... 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son Inc. 2161 E. Fair

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

FEB 2 1957

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 Walter H. Burnley

Signed.....  
Student Embalmer

Licensed Embalmer No. 4702

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.