

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 2 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1009** Registrar's No. **1058**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3444a Crittenden St.		d. STREET ADDRESS (If rural, give location) 3444a Crittenden St.	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) A. c. (Last) BIEDENSTEIN			4. DATE OF DEATH (Month) (Day) (Year) Feb. 17 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 3, 1872		9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months Days IF UNDER 1 HR.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Joseph Brungard	13b. MOTHER'S MAIDEN NAME Fredericka Schaefer	14. NAME OF HUSBAND OR WIFE Late Edward H. Biedenstei
---------------------------------------	--	--

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. NO.	17. INFORMANT'S SIGNATURE OR NAME William S. Freise	ADDRESS 3444 Crittenden St
---	--------------------------------	--	-------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis with</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Several years.</i> <i>12/60</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Decomposition with</i> DUE TO (c) <i>Acute Coronary Thrombosis</i>		
	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 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)
--	--	---

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? <i>H22.2</i>
--	--	--

22. I hereby certify that I attended the deceased from *Feb. 17, 1951*, to *Feb. 17, 1951*, that I last saw the deceased alive on *Feb. 17, 1951*, and that death occurred at *3:45 A. M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. C. Weinsberg</i> WEINSBERG	(Degree or title) M.D.	23b. ADDRESS <i>606 O'Fallon</i>	23c. DATE SIGNED <i>2/19/51</i>
---	---------------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24b. DATE Feb. 20, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. FEB 19 1951	REGISTRAR'S SIGNATURE <i>J. B. Larson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i>	ADDRESS 4228 S. Kingshighway Bl.
---	--	---	-------------------------------------

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.