

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23403**

FILED JUL 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1810

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Berkeley</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>2mo. 6 day</b>		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Penn Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>Jefferson &amp; University Sts.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>George Biemslager</b>	a. (First)	b. (Middle)	c. (Last)	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>6-28-53</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED</b> (Specify) <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>3-28-1887</b>	<b>9. AGE</b> (In years) (6 months birthday) <b>66</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Cabinet Maker-Retired</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>GRAND LEADER</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Bowling Green Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Henry Biemslager</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Margaret Linhoff</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>NONE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>497-09-0272</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Miss Minnie Biemslager</b>	<b>ADDRESS</b> <b>4745 Anderson</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>unknown</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Carcinoma Right Mainstem Bronchus</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) _____</b> <b>DUE TO (c) _____</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> 1) <b>Gastric ulcer</b> Conditions contributing to the death but not related to the disease or condition causing death. 2) <b>Cholelithiasis</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>162X</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from April 23, 1952 to June 28, 1953, that I last saw the deceased alive on June 23, 1953, and that death occurred at 7:30 AM, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Lewis Littmann MD</b>	(Degree or title)	<b>23b. ADDRESS</b> <b>8231 Clayton Rd (17)</b>	<b>23c. DATE SIGNED</b> <b>6/29/53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>7-1-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>6-29-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Herbert R. Donk MD</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Goodhart &amp; Goodhart</b>	<b>ADDRESS</b> <b>2228 St. Louis Ave.</b>
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524 (Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. J. Pennington

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.