

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

35139

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9620			
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) 2mo 6dy		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis CHRONIC HOSPITAL				e. STREET ADDRESS (If rural, give location) 15 3523a Delor St. 2159					
3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) M. c. (Last) Biedermann			4. DATE OF DEATH (Month) (Day) (Year) October 22, 1954.						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH DEC. 16, 1879			
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE PAINTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Germany			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Cosmos Biedermann		13b. MOTHER'S MAIDEN NAME Louise Hartlieb		14. NAME OF HUSBAND OR WIFE Ida Grunwald BIEDERMANN			
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. 494-10-2471		17. INFORMANT'S SIGNATURE OR NAME ADDRESS IDA M. BIEDERMANN 3523a DELOR 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis. ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 4500			
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"/>							
22. I hereby certify that I attended the deceased from August 16, 1954 , to October 22, 1954 that I last saw the deceased alive on October 22, 1954 , and that death occurred at 5:20 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Palmer P. Rudolph M.D.				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 10-23-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT. 25, 1954		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo			
DATE REC'D BY LOCAL REG. OCT 23 1954		REGISTRAR'S SIGNATURE E. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GEBKEN-BENZ MORTUARY 2842 MERAMEC					

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.....
Signature of Student Embalmer

Signed.....

Joe B. Benz

Licensed Embalmer No. 424

P. O. Address 2842 Mera

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.