

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3042

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 789

Primary Registration District No. 6033B

File No. _____

Registered No. 21

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 3815 Hann St. Ward 8
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 1856

7. AGE YEARS 76 MONTHS 2 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U. S. A. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Clerk

10. Date deceased last worked at this occupation (month and year) 1922 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Leo G. Biedorstein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Louisella Mauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Louis Biedstein (ADDRESS) 3815 Hann St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Feb 6 1933

19. UNDERTAKER Charles R. Taylor (ADDRESS) 1414 Taylor

20. FILED 1-31-1933 John Bracy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-10 1925, to 1-29 1933

I last saw him alive on _____ 19 _____ Death is said

to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis Date of onset 10 days

9:30 A / 10:40 A

5:40 A

Other contributory causes of importance:

Arteriosclerosis Chronic 1-1-20

Bronchial Pneumonia

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Leo Biedorstein M. D.

(Address) 7303 N. Volstead Bridge

John Bracy

