

REC'D APR 11 1938

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

8631
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City Saint Louis, Missouri (d) Street No. 3327 Indiana St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Biehl. 400

(a) Residence, No. 3327 Indiana Ave. St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Henrietta Biehl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 8th, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 5 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Store-keeper.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Saint Louis,
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME Unknown 1

14. BIRTHPLACE (CITY OR TOWN) Germany 6
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown 1

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

17. INFORMANT Amand Bauer
(ADDRESS) 3327 Indiana Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers Cem. DATE March 7th, 1938

19. FUNERAL DIRECTOR Ziegenhein Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILED J. F. Bredbeck
MAR 5 1938 (Address) 2603 Cherokee St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3rd, 1938.

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1938 to March 3, 1938

I last saw h. alive on March 3, 1938. Death is said to have occurred on the date stated above, at 9:50 P.M.

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

Chronic Myocarditis
Cardiac Distoma - Benchisletan 25g
2 yrs
Date of onset

Name of operation None Date of 7
What test confirmed diagnosis? Exam Was there an autopsy? No.

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 4

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. F. Bredbeck, M. D.
(Address) 2603 Cherokee St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein., Licensed Embalmer No. 2270.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L: E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Juddie A. Ziegenhein

Licensed Embalmer No. 2270.

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.)