

REC'D APR 11 1938

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

 9011
 Do not use this space.

1. PLACE OF DEATH

 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **DePaul Hospital**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
Registered No. **2600**2. PRINT FULL NAME **William J. Biest 230**
 (a) Residence, No. **5954 North Point** St. **7**
 (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) **Married**

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Josephine Biest**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 7th, 1872**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Cigar salesman**9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**13. NAME **Hermann Biest**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Lecatta Steckford**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Josephine Biest**
5954 North Point18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cem** DATE **Mar. 19th, 1938**19. FUNERAL DIRECTOR (ADDRESS) **Wrethmann Haral**
1905 Union Blvd.20. FILED **APR 13 1938** **J. P. Biedisch** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 17th, 1938**22. I HEREBY CERTIFY, That I attended deceased from **Dec. 12, 1937 to March 17, 1938**I last saw him alive on **March 15, 1938** Death is said to have occurred on the date stated above, at **7:15 A.M.**

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

Carcinoma of lung Date of onset **Nov 30**

Other contributory causes of importance:

Carcinoma (cerebral metastasis) **Dec 37**Name of operation **None** Date of
What test confirmed diagnosis? **Chinic** 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 19Where 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 injury24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify(Signed) **Peter Jukalski**, M. D.(Address) **462 N Taylor**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

462 M
11-1
Dwyer

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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 Warren A. Carver

Licensed Embalmer No. 3534

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.)