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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37079

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9352

REC'D DEC 11 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")

(d) Street No. 4475 West Pine Blvd
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John E Biegler

3. (b) If veteran, name war

3. (c) Social Security No. 188-01-6574

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased January (Month) 22nd, (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
49	9	20	hr. min.

9. Birthplace Cincinnata (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Vice President

11. Industry or business Von Hoffman Distributing Co

FATHER
12. Name Charles Biegler
13. Birthplace Cincinnata (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Anna Wagner
15. Birthplace Cincinnatta (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Anna Biegler
(b) Address 4475 West Pine Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/40 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director [illegible]
(b) Address 6633 Clayton Road

19. (a) NOV 14 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th year 1940 hour 7.40 A minute M.

21. I hereby certify that I attended the deceased from June 6th, 1940, to November 12th, 1940, that I last saw him alive on November 12th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	5 Mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Pulmonary Infarction	6 days

Major findings:
Of operations
Of autopsy same as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm J Macon Jr. (M. D. or other)
Address 4960 Laclede Ave Date signed 11/13/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1994

P. O. Address Dayton Ohio

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

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