

ED JAN 15 1947 91  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 3722 Dunnica Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether 3 years, months or days)  
In this community Unknown

3. (a) PRINT FULL NAME Minnie Biesinger

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Joseph W. Biesinger 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased February 21, 1869  
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Belleville, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name ? Thomas

13. Birthplace Belleville, Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Belleville, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Gene C. Biesinger

(b) Address 3722 Dunnica Ave

17. (a) Burial (b) Date thereof 12/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. DEC 11 1940 (b) J. T. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3722 Dunnica Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8,  
year 1940 hour 9:10 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 8/10/40, 1940, to 12/8, 1940;  
that I last saw him alive on 12/8, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cervical cellulitis Duration 8 days  
Due to Peri-tonsillar abscess following severe sore throat 10 days  
Due to non diphtheritic

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 115a **PHYSICIAN**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

23. Signature Andrew G. Klein (M. D. or other) M.D.  
Address 4632 So. Grand Date signed 12/10/40

**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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis*

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

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