

Registration District No. **791**

Primary Registration District No. **1003**

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: 3615 Garfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 80 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 1117
(If outside city or town limits, write "RURAL")
(d) Street No. 3615 Garfield
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Henry J. Biddle

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

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Molly Biddle 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 17 - 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 4 If less than one day hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 10 yrs.

11. Industry or business Cabinet maker

12. Name John H. Biddle

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Falkman

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

16. (a) Informant Mrs. Margaret Jeschke

(b) Address 3677 Olive St. St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof June 24/41
(Month) (Day) (Year)

(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director William J. ...

(b) Address Callinwood St

19. (a) JUN 23 1941 (b) J. H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1941 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from January 10 1938 to June 21 1941
that I last saw him alive on June 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death arterial sclerosis
Due to myocarditic chronic

Due to ...
Other conditions (Include pregnancy within 3 months of death) ...

Major findings: Of operations none Of autopsy none

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 ...

23. Signature Scott Huer M.D. (M. D. or other)
Address 634 N Grand St. St. Louis Date signed 6-21-41

Duration 5 years
PHYSICIAN ...
Underline the cause to which death should be charged statistically.

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

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 me

working under my personal supervision. _____, Registered Apprentice No. _____

Signed Geo M Schaeffer

Licensed Embalmer No. 1598

P. O. Address Collinsville, Mo

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.)

If this body is not embalmed, above space should be left blank.