

FILED MAR 24 1942
791

1003

Registrar's No. 2052

Registration District No. _____

Primary Registration District No. _____

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:
3707 a Minnesota Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Henry Biesinger

3. (b) If veteran, name war No
3. (c) Social Security No. 494-10-8186

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

6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept. 27 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 5 _____ hr. _____ min.

9. Birthplace Buffalo N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Press Feeder

11. Industry or business Printing

12. Name John Biesinger

13. Birthplace N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant Clara Biesinger
(b) Address 3707 a Minnesota

17. (a) Burial (b) Date thereof 3-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director J. Schumacher
(b) Address 3013 Mercedes St.

19. (a) MAR 5 - 1942 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3707 A Minnesota
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1942 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 27 1942 to Mar 4 1942
that I last saw him alive on Mar 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis 25 yrs
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature M. W. Ganshour (M. D. or other) _____
Address 3627 Normal St. Date signed 3-5-42

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

3624 Arsenal

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.....

Clarence Fochow

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

working under my personal supervision.

Signed *Clarence Fochow*

Licensed Embalmer No. *3093*

P. O. Address *3013 Meramec*

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, fact should be so stated above.