S. No. 2
1—9-4-41
r. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28540

State File No.

FILED SEP 23 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7713

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hosp.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 69
(If outside city or town limits, write "RURAL")
(d) Street No. 5343 St. Louis
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Joseph Biemslager
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April (Month) 8 (Day) 1889 (Year)

8. AGE: Years 53 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Bowling Green (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Bread Salesman
11. Industry or business Wells-Boettler Bakery
FATHER
12. Name Frank Biemslager
13. Birthplace (City, town, or county) Mo. O (State or foreign country)
MOTHER
14. Maiden name Margaret Lindhoff
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Carrie Biemslager
(b) Address 5343 St Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd.
19. (a) SEP 16 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1942 hour 6:40 minute P. M.
21. I hereby certify that I attended the deceased from 9-3-42, 19, to 9-14, 1942, that I last saw him alive on 9-14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left upper jaw infected

Due to

Due to Post op. meningitis (not epidemic)

Other conditions (Include pregnancy within 3 months of death)

Duration Mos.

Major findings: Of operations Foul abscessed Carcinoma invading orbit & sinuses

Of autopsy Meningitis.

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 Charles F. Shenor (M. D. or other)
Address 3720 Washington Date signed 9-15-42

(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 Bernard J. Stuart

Licensed Embalmer No. 3520

P. O. Address 1225 Queens Blvd

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.