S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21536

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5571

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2746a Chippewa St.,
(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 Missouri, (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2746a Chippewa St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine Biedenstein,
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female,
5. Color or race White,
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert Biedenstein,
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased July (Month) 18, (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
73	11	6	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri, (State or foreign country)
10. Usual occupation At Home,
11. Industry or business
FATHER 12. Name John Russell,
13. Birthplace Ireland, (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Catherine Maye,
15. Birthplace Ireland, (City, town, or county) (State or foreign country)
16. (a) Informant Albert Biedenstein,
(b) Address 2746a Chippewa St.,
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 6/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cem.
18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,
19. (a) JUN 24 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th year 1946 hour 2: minute 30 A. M.
21. I hereby certify that I attended the deceased from 5-17, 1946 to June 16, 1946 that I last saw h. alive on June 16, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 3 wks
Due to arterio sclerosis
Due to
Other conditions Senility
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph L. Ferris (M. D.)
Address 4065-50 Gravois Date signed 6/24-46

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

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., St. Louis, 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, fact should be so stated above.