

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11810

FILED APR 14 1947

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 72

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:  
ST MARYS Hosp. D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 YRS. years, months or days)

3. (a) PRINT FULL NAME IDA CAROLINE BIEHL

3. (b) If veteran, name war =

3. (c) Social Security No. =

4. Sex Fe. 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife CHAS. W. BIEHL

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased NOV 6 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 4 27 hr. min.

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

10. Usual occupation HOUSEWIFE.

11. Industry or business =

MOTHER FATHER { 12. Name VALENTINE BRENNLECK

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

14. Maiden name MARGARETTA SHORE

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

16. (a) Informant Mrs. Ida W. Biehl

(b) Address 4243A Lexington Ave.

17. (a) BURIAL (b) Date thereof 4-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WAINWILL BELLEVILLE, ILL.

18. (a) Signature of funeral director Richard W. ...

(b) Address 1936 St. Louis Ave.

19. (a) 4-7-47 (b) Carl G. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST LOUIS 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 4243A LEXINGTON AV!  
(If rural, give location)

(e) Citizen of foreign country? = (Yes or No)  
If yes, name country =

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 3  
year 1947 hour 2 minute 05 P.M.

21. I hereby certify that I attended the deceased from March 1st  
1947, to April 3, 1947.

that I last saw him alive on April 3, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral Hemorrhage</u>	<u>3 days</u>
Due to <u>arteriosclerotic heart disease</u>	<u>2 yrs</u>
Due to <u>93 D.</u>	
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 D

23. Signature Jud Kramer (M. D. or other) M.D.  
Address 634 N. Grand Ave. Date signed 4-4-47

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**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

*Neal H. Paulson*

Licensed Embalmer No. *4114*

P. O. Address *1936 St. Louis Ave*

**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.**