

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30238

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 54	Registrar's No. 2268
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Clayton 3		c. CITY (If outside corporate limits, write RURAL and give township) Vinita Park 4270		
c. LENGTH OF STAY (in this place) DOA		d. STREET ADDRESS (If rural, give location) 8227 Monroe Ave. 27 1		
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St. Louis Co Hospt.				
3. NAME OF DECEASED (Type or Print) Frank		a. (First) Fred		b. (Middle) Biller
c. (Last) Biller		4. DATE OF DEATH Aug. 28 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 20 1897
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Owner		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank Biller		13b. MOTHER'S MAIDEN NAME Bertha Herman		14. NAME OF HUSBAND OR WIFE Frieda Biller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493 10 2508		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frieda Biller 8227 Monroe Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis of respiratory organs caused by self ingested sodium-flouride taken at his place of business and expired at home ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) business and expired at home DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9710		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) restaurant		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-28-52 6:15 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self ingested poison.
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 P.M.; from the causes and on the date stated above.				
23. SIGNATURE (Degree or title) Arnold J. Williams Coroner 3		23b. ADDRESS Clayton, 5, Mo.		23c. DATE SIGNED 9/2/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 2 1952		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Clark 1125 Hodiamont Ave.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hildemann

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.