No. 300
10.48

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

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5995

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1243

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city of incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 5019 MARGARETTA

3. NAME OF DECEASED (Type or Print)
a. (First): JENNIE
b. (Middle): MAY
c. (Last): BIDDLE

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 9, 1955

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 23-1899
9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months: 5 Days: 16
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): ALLENTOWN-PA
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: MORRIS LEIBENSPERGER
13b. MOTHER'S MAIDEN NAME: MARY JANE POWELL
14. NAME OF HUSBAND OR WIFE: WILLIAM BIDDLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mr. Wm Biddle
ADDRESS: 5019 Margaretta

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: 331X

22. *I hereby certify that I attended the deceased from* 2-4-55, 19____, *to* 2-9-55, 19____, *that I last saw the deceased alive on* 2-9-55, 19____, *and that death occurred at* 8:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE: W J Martin (Degree or title): O.M.D.
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 2-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-12-55
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM
24d. LOCATION (City, town, or county) (State): ST. LOUIS - MO

DATE REC'D BY LOCAL REG.: FEB 10 1955
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: L.B. Tanner
ADDRESS: 6107 Natural Bridge
S.P. (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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Wm Brinkley

Licensed Embalmer No. 36

P. O. Address St Lani

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.