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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30594  
State File No. 8458  
Registrar's No.

FILED OCT 7 - 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>16 3631a S. Spring Avenue</b> <span style="float: right;">216%</span>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ESTHER</b>	b. (Middle) <b>KIRK</b>	c. (Last) <b>BIGGS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 25, 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 19, 1888</b>
9. AGE (In years last birthday) <b>67 yrs.</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Household</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Freistatt, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Gustave H. Schoen</b>	
13b. MOTHER'S MAIDEN NAME <b>Christina Guposkey</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. A. Biggs</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>-</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Wm. A. Biggs, 3631a S. Spring Ave.</b>	
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) <b>Chronic emphysema</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bleeding peptic ulcer</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>527.1</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-2</b> , 19 <b>54</b> , to <b>9-25</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>9-25</b> , 19 <b>55</b> , and that death occurred at <b>6:00 P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Ranunbaum</b>	(Degree or title) <b>(MD)</b>	23b. ADDRESS <b>3701 Grandel Sq</b>	23c. DATE SIGNED <b>9-26-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9-28-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
DATE REC'D BY LOCAL REG. <b>SEP 27 1955</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith MD</b> <b>S.P.</b> (Licensed Embalmer's Statement on Reverse Side)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDWIEDEN F.H. INC., 1936 St. Louis Ave.</b>	

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..... *None* .....  
Signature of Student Embalmer

Signed..... *Delia J. Krupin* .....

Licensed Embalmer No..... *34* .....

P. O. Address..... *St. Louis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.