

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35989

Do not use this space.

9566

1. PLACE OF DEATH **NOV 15 1937**  
(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City! **St. Louis** (d) Street No. **Missouri Baptist Hospital** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Harold Erskine Biggs.**  
(a) Residence, No. **5280 Washington Blvd** St. **12**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Erna West Biggs**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 12 - 1938**

7. AGE YEARS **69** MONTHS **5** DAYS **0** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Unemployed**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Accountant**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **California**  
(STATE OR COUNTRY) **Missouri**

13. NAME **Thomas N. Biggs**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY) **Tennessee**

15. MAIDEN NAME (Unknown) **McGowan**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Harold E. Biggs Jr.**  
(ADDRESS) **5280 Washington**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **California** Mo. DATE **Oct 15 - 37.**

19. FUNERAL DIRECTOR **C. R. Lupton & Sons**  
(ADDRESS) **4449 Olive Street.**

20. FILED **OCT 13 1937**  
**J. F. Bredbeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 12 - 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 5**, 19**37**, to **Oct 12**, 19**37**  
I last saw him alive on **Oct 12**, 19**37** Death is said to have occurred on the date stated above, at **4:45** pm.  
The principal cause of death and related causes of importance were as follows:

**Coronary artery  
lower lip** Date of onset **4:45**

Other contributory causes of importance:  
**Acute obstruction of right  
ventricle.**  
**Excision of lower lip + Dissection of submaxillary  
gland + Plastic** Date of **Oct 12 - 37**  
Name of operating physician **Dr. J. M. Thompson**  
What test confirmed diagnosis? **No** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury....., 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify.....  
(Signed) **J. K. Rauscher** M. D.  
(Address) **307 Univ. Club, St. Louis**  
**Also**

Dr. F. Owen  
(3-3 PM)  
3903 Olive  
St. Louis 8  
1-3 PM

STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. #2172  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by V. E. Morris  
# L. E. #3360  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.)