

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

15563

1. PLACE OF DEATH

County St. Louis  
Township Luxemburg  
City St. Louis (No. 322 Lenhardt Avenue)

Registration District No. 1123  
Primary Registration District No. 6248 E

File No. \_\_\_\_\_  
Registered No. 149 St. \_\_\_\_\_ Ward)

2. FULL NAME

Eileen Liermann.

(a) Residence. No. 322 Lenhardt Avenue. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17, 1930.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
6 28.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work At Home.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Co.  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER August J. Liermann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis,  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Izella Vahey.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson Co.  
(STATE OR COUNTRY) Mo.

14. INFORMANT August Liermann  
(Address) 322 Lenhardt Avenue.

15. FILED 4-15-31 L. C. Chouls REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH 4/15  
16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/15 1931

17. I HEREBY CERTIFY, That I attended deceased from March 21, 1931 to April 15, 1931, and that I last saw her alive on April 15, 1931, and that death occurred, on the date stated above, at 7:25 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Intentional (Acute)  
11:15  
12:58 (duration) yrs. mos. 19 ds.  
CONTRIBUTORY Congested Liver  
(SECONDARY) (duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED At Home  
NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF none  
20. WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) E. W. Brady M. D.  
, 19 (Address) 5826 Va.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ht. Olive Cemetery. DATE OF BURIAL Apr. 17, 1931.

20. UNDERTAKER W. Gebken & Co ADDRESS W. Keramee

