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.

6090

File No.

Registered No. 1079

1. PLACE OF DEATH

County

Township

City St. Louis. (No. 3823 Shaw Avenue. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Mary M. Liermann.

(a) Residence, No. 3823 Shaw Avenue. St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| FeMale | White | Widowed. |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Liermann.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1848

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 83 | 2 | 21. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME George Meyer.

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

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DontKnow.

17. INFORMANT (ADDRESS) J. Liermann 3638 S. Compton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Feb. 3, 1932.

19. UNDERTAKER (ADDRESS) H. H. Gebken L. & Co. 2842 Meramec St.

FEB 4 1932 19 Mary C. Starkloff Registrar.

20. FILED

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 1931, to [illegible] 1932

I last saw h[illegible] alive on [illegible] 1931. Death is said to have occurred on the date stated above, at 6-45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis chr. | 2-1-32 |
| 95A | 2 a.m. |
| 95B | |
| 95C | |

Other contributory causes of importance:
Cardiac dilatation.

Name of operation — Date of —
What test confirmed diagnosis? — 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) F. Reden, M. D.
(Address) University Club Bldg.