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

Do not use this space.

41988

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 11133

City St. Louis, (No. 4315 Oregon Avenue. St. ..... Ward)

File No. .....

Registered No. 11110

2. FULL NAME Katherine Liermann

(a) Residence, No. 4315 Oregon Avenue. St., 15 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 J. Bernard Liermann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1854.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	10	4.	

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) Lockport, N. Y. 2

FATHER

13. NAME John Mertz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

MOTHER

15. MAIDEN NAME Katherine Mueller

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

17. INFORMANT (ADDRESS) Jacob W. Liermann 4315 Oregon Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive Cem. DATE Dec. 17, 1932.

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

20. FILED DEC 14 1932 19 May C. Hardy Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932 to Dec. 14, 1932

I last saw her alive on Dec. 13, 1932 Death is said to have occurred on the date stated above, at 8:05 A.m.

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

	Date of onset
Chronic Nephritis, 131 97	
131	

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation none Date of

What test confirmed diagnosis? none 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? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify

(Signed) Geo. W. Bader, M. D.

(Address) 5836 E. Virg.

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

MARGIN RESERVED FOR BINDING

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.

S. No. 2