

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.

JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH
 County St. Louis Registration District No. 289
 Township Central Primary Registration District No. 333
 City Normandy No. Wabash Right a. way St. _____ Ward)
 2. FULL NAME Harry S. Lierman
 (a) Residence, No. 18549 Jane ave. St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 17674
 Registered No. 123

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Mar. 1 - 1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>25</u>	<u>2</u>	<u>5</u>	

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

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

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 Joseph Lierman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peers Mo.

MOTHER

15. MAIDEN NAME Anna Smith

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

17. INFORMANT (ADDRESS) Wincent H. Lierman 3828 West 40th

18. (BURIAL) CREMATION, OR REMOVAL
 PLACE Calvary cemetery DATE May 10 1933

19. UNDERTAKER (ADDRESS) L. B. Turner 6107 Natural Bridge Rd

20. FILED 57 19 33 June 23 Mo. St. Louis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 / 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6.0 m.

The principal cause of death and related causes of importance were as follows:
Killed by north bound train on Wabash tracks about 500 feet S. of Natural Bridge Rd. Normandy, St. Louis Co. Head was cut off on east rail.

Other contributory causes of importance:
Some time during night body was found in morning.

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? _____

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? _____
 If so, specify _____ (Signed) Luke B. Turner M. D.
 (Address) 3718 Jennings Rd. St. Louis Mo.

Date of onset
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