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.

DEC 4 1936

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

Do not use this space. 01

38924

File No.
Registered No. 300

1. PLACE OF DEATH
County St. Louis
Township Central
City (No. 2143 ROSEBUD St. Ward)
Registration District No. 789
Primary Registration District No. 6033

2. FULL NAME NORMALE ALBERTA BIERDEMAN
(a) Residence, No. 2143 ROSEBUD St., 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: 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: CHILD.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 29. 1936

7. AGE: YEARS | MONTHS: 7 | DAYS: 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) MO

FATHER
13. NAME CHARLES W BIERDEMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME VIRGINIA ALSOP.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.

17. INFORMANT CHARLES W BIERDEMAN
(ADDRESS) 2143 ROSEBUD

18. BURIAL, CREMATION, OR REMOVAL
PLACE NEWTON RIERS DATE Oct 21 1936

19. UNDERTAKER LARRY MULLIEN
(ADDRESS) 2143 ROSEBUD

20. FILED 10-20-5-165 1936 Delma
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1936 to Oct 19, 1936
I last saw her alive on Oct. 16, 1936 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease (Congenital)	
(Patent For. Ovale)	

Other contributory causes of importance:

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) Carl E. Bradley M. D.
(Address) 608-9 Metropolitan Bldg.

Dr C. Dudley
Met. Bldg.
1-3. J. 4141