

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
No. 4230 Aubert Ave.

File No. 8533
Registered No. 1988
St. Ward

2. FULL NAME

LeRoy Bierman

(a) Residence, No. 4230 Aubert Ave. St. 7 Ward.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Aug. 12th, 1900
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12th, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 6 3

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

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) Missouri

13. NAME George Bierman

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

15. MAIDEN NAME Millie Allgever

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

17. INFORMANT Mrs. Millie Bierman
(ADDRESS) 4230 Aubert Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles Cem DATE Feb. 18th, 1937

19. UNDERTAKER Reichmann Funeral
(ADDRESS) 1905 Union Blvd.

20. FILED FEB 16 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 15, 1937, to Feb. 13, 1937, 1937

I last saw him alive on Feb. 13, 1937. Death is said

to have occurred on the date stated above, at 6 P. m.

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

Pulmonary abscess congestive heart failure
Coronary thromboses
(Branchial)

Other contributory causes of importance:

Name of operation 0 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) W. C. Wright, M. D.

(Address) 8201 N. Broadway

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.

490

812277 Broadway