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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34130

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8827

FILED NOV 16 1940

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis Children's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County

(c) City or town Cincinnati NR
(If outside city or town limits write "RURAL")

(d) Street No. 3419 Cornell Place
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Bierman, Margaret Hall

3. (b) If veteran, name war Child

3. (c) Social Security No. Child

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Child

6. (c) Age of husband or wife if alive Child years

7. Birth date of deceased 10 (Month) - 3 (Day) - 40 (Year)

8. AGE: Years	Months	Days	If less than one day
		23	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Child

11. Industry or business U

MOTHER
12. Name William H. BIERMAN

13. Birthplace Mo. (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Margaret B. Hall

15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mother

(b) Address 416 S. Kings highway

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director WAGONER UND. CO.

(b) Address 3621 Olive St.

19. (a) OCT 26 1940 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 26
year 40 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from 10-10, 1940 to 10-26, 1940
that I last saw her alive on 10-26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Respiratory failure	
Due to (b) Bronchitis	
Due to (c) Congenital heart disease	
Due to (d) Congenital heart disease	

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Patent ductus arteriosis, patent foramen ovale, hypertrophy of right

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. O. Bluffer (M. D. or other)

Address 5?? South Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.