DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34134

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8831

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 5
(d) Street No. 1244 Blackstone (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 65 yrs. years.

3. (a) PRINT FULL NAME Julius Bierman
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Rose Bierman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 2 (Day) 1855 (Year)

8. AGE: Years 85 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country)
10. Usual occupation Retired Tailor
11. Industry or business
MOTHER FATHER
12. Name Aaron Bierman
13. Birthplace (City, town, or county) Russia (State or foreign country)
14. Maiden name Toba Lunk)
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant Mr. Hyman Millstone
(b) Address 6466 San Bonita
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/27/40 (Month) (Day) (Year)
(c) Place: burial or cremation ChesedShelEmeth
18. (a) Signature of funeral director H.B.Berger
(b) Address 4715 McPherson
19. (a) OCT 27 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1940 hour 12 minute 20 M.
21. I hereby certify that I attended the deceased from May 1, 19 40 to Oct 26, 19 40 that I last saw him alive on Oct 26, 19 40 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Hemorrhage — 1 day
Due to Chronic Colitis
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

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 H. Sandler (M. D. or other)
Address 6234 N. Rosedale Date signed 10-31-40

(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. 1597

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.