

Registration District No. _____

Primary Registration District No. _____

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:
8646 TRAFFORD LANE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community Life
 years, months or days _____

3. (a) PRINT FULL NAME Wilhelmina Alvina Biermann

3. (b) If veteran, name war No
 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race W6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife Herman Biermann6. (c) Age of husband or wife if alive 56 years7. Birth date of deceased NOV 27 1883
(Month) (Day) (Year)8. AGE: Years 57 Months 10 Days 27
If less than one day _____ hr. _____ min.9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Luis Zastron 413. Birthplace Germany 4
(City, town, or county) (State or foreign country)14. Maiden name Schuermann 415. Birthplace Germany 4
(City, town, or county) (State or foreign country)16. (a) Informant Herman Biermann(b) Address 8646 Trafford Lane17. (a) BURIAL (b) Date thereof OCT 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Bethlehem18. (a) Signature of funeral director Richard J. Brueck(b) Address 1926 St. Louis Ave19. (a) OCT 25 1941 (b) J. F. Brueck
(Date received at registrar's office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County LCC
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8646 TRAFFORD LANE
 (If rural, give location)
 (e) Citizen of foreign country? Citizen (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1941 hour _____ minute 30 P.M.21. I hereby certify that I attended the deceased from MAY 3rd
19 41 to OCT 24 19 41that I last saw h.w. alive on OCT 23rd 19 41
and that death occurred on the date and hour stated above.Immediate cause of death CEREBRAL EMBOLUSDue to CHRONIC MYOCARDIUM 2 yearDue to MULTIPLE ARTHRITIS 8 yearOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Edwin J. Strickland (M. D. or other) MD
Address 3635 NO. NEWSTEAD Date signed 10/25/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... *Dale Harness*, Registered Apprentice No. *293*
working under my personal supervision.

Signed *Felix J. Krupin*.....

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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

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