

JUL 24 1943

318

Primary Registration District No.

1003

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:
5031 Rhodes Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Sophia Liermann**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **October 29 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 8 18 hr. min.

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

10. Usual occupation **Housework**

11. Industry or business.....

12. Name **Henry Liermann** 13. Birthplace **Germany. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Sophia Hardebeck**

15. Birthplace **Germany. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Liermann**

(b) Address **5031 Rhodes Ave.**

17. (a) **Burial** (b) Date thereof **Jul. 20, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive Cemetery**

18. (a) Signature of funeral director **John W. - Berno Mortuary**
2842 Meramec St.
(b) Address

19. (a) **JUL 19 1943** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **5031 Rhodes Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17th**
year **1943** hour **4** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **7/8** 19**43** to **7/17** 19**43**
that I last saw him **alive on 7/17/43** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **3 days**

Due to **Senility**

Due to **107**

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?

23. Signature **John W. Berno** (Specify type of place) (M. D. or other)
While at work? **Yes** (e) Means of injury **Stroke**
Address **422 No. Taylor** Date signed **7/19/43**

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.....

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

working under my personal supervision.

Signed.....

Joe S. Benz

Licensed Embalmer No.....

P. O. Address.....

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.