No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16167

Registrar's No. 4313

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 Hospital O
(If not in hospital or institution, write street number or location)

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

In this community 35 years

2. USUAL RESIDENCE OF DECEASED: 000 12 96

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1411 Belt Ave.
(If rural, give location)

(e) Citizen of foreign country? Alien # (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Morris 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 Dora Bierman

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 82 Months Days If less than one day hr. min.

9. Birthplace Volhynia (City, town, or county) USSR. 6 (State or foreign country)

10. Usual occupation Retired

11. Industry or business bag dealer

FATHER
12. Name Zalel Bierman
13. Birthplace Volhynia, (City, town, or county) USSR. 6 (State or foreign country)

MOTHER
14. Maiden name Yenta (unknown)
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Celia Bierman
(b) Address 1411 Belt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 Mc. Pherson

19. (a) MAY 10 1944 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1944 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from May 2, 1944 to May 8, 1944 that I last saw him alive on May 8, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrovascular accident (hemorrhage)	6 days
Due to: hypertension	many years
Due to:	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jos. Moreberg O (M. D. or other)
Address Jewish Hosp. St. Louis Date signed May 8/44

(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 wit the above constitutes grounds for revocation of license.)

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