

S. No. 2
M-843
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39553**
Registration District No. **1003**
Registrar's No. **10577**

FILED DEC 27 1944

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

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:
3837 McRee
(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

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..... **3837 McRee**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

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

3. (b) If veteran, name war..... **Nil**

3. (c) Social Security No..... **Unknown**

4. Sex..... **Female**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widow**

6. (b) Name of husband or wife..... **Frank Liermann**

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

7. Birth date of deceased..... **September 26 1895**
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| 49 | 2 | 13 | hr. min. |

9. Birthplace..... **Old Monroe Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Seamstress**

MOTHER FATHER {

11. Industry or business.....

12. Name..... **Henry G. Pieper**

13. Birthplace..... **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Anna Eusterbrook**

15. Birthplace..... **Old Monroe Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Fred Feise**

(b) Address..... **O'Fallon, Missouri**

17. (a) **Burial** (b) Date thereof..... **12-13-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **O'Fallon, Missouri**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Blvd.**

19. (a) **DEC 11 1944** (b) **J. T. Breda**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Dec.** day..... **9**
year..... **1944** hour..... **6** minute..... **30 P.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to..... **Chronic Endocarditis**

Due to.....

Other conditions..... **92**
(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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature..... **Patrick E. Taylor** (M.D. or other)
Address..... **Reg. Cor.** Date signed..... **12/11/44**

JAN 17 1945

JAN 6 1945

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 *John Agonovski*
.....
Licensed Embalmer No. *3398*
.....

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.