

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21153

FILED JUN 19 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1223

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2838 Telegraph Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether
In this community life years, months or days)

3. (a) PRINT FULL NAME Frances Biermann

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

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank H. Biermann
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased June 30 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 23
If less than one day hr. min.

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

10. Usual occupation housewife at home

MOTHER FATHER

11. Industry or business at home

12. Name Jacob B. Heilweck
13. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Walter E. Biermann
(b) Address 2838 Telegraph Road

17. (a) burial (b) Date thereof 5-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

19. (a) JUN 1 1945 (b) E. B. M. Foxman MD
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 2838 Telegraph Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1945 hour 10:00 minute a.M.

21. I hereby certify that I attended the deceased from April 2 1945 to May 23 1945
that I last saw her alive on May 23 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease
Due to Cellulitis Rt. leg
Due to Cerebral Apoplexy

Other conditions: 93d
(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 George A. D. Sullivan MD
Address 421 W. Schermer Date signed 5/24/45

Duration
5 yrs. 1 wk.
3 da.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

96
0
0

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:.....

Virgil L. Berryman

..... Licensed Embalmer No.

4018

P. O. Address.....

St. Louis, Mo.

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.