S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31688

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8710

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Cordadge Mills 11th + Lafayette
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 63 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 817
(If outside city or town limits, write "RURAL")

(d) Street No. 8642 Trafford Lane 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME August G. Biermann

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male (1)

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna L. Biermann nee Kern

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 28, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	6	10	hr. min.

9. Birthplace Unknown (City, town, or county) Germany 11 (State or foreign country)

10. Usual occupation Stationary Engineer 1

11. Industry or business

FATHER
12. Name Henry Biermann
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Wessling
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs Anna L. Biermann
(b) Address 8642 Trafford Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/45 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 216 East Fair Ave

19. (a) OCT 9 (Date received local registrar) (b) 1945 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th, year 1945 hour 6:45 AM minute M.

21. I hereby certify that I attended the deceased from Mar 3, 1943, 19 to October 6, 1945 that I last saw him alive on October 6, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary disease	
Due to —	
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 Dew Luten (M. D. or other)

Address St Louis Mo Date signed 10-8-45

(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. Gustav W. Deitle

Licensed Embalmer No. 4329

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.