

FILED FEB 7 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 984

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:
Missouri Baptist Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 Days.
(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. 6203a So. Kingshighway,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elmo J. Lierman,

3. (b) If veteran, name war _____ 3. (c) Social Security No. 185-03-5594

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

6. (b) Name of husband or wife Maryrose M. 6. (c) Age of husband or wife if alive. 36 years

7. Birth date of deceased. April 5, 1919
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>9</u>	<u>23</u>	_____ hr. _____ min.

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

10. Usual occupation Office Manager

11. Industry or business Hershey Chocolate Co.

12. Name Joseph G. Lierman,

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

14. Maiden name Anna Bereswill,

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

16. (a) Informant Maryrose M. Lierman,

(b) Address 6203a So. Kingshighway,

17. (a) Burial, (b) Date thereof 1/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th
year 1946 hour 12: minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 17, 1946
to Jan 26, 1946
that I last saw him alive on January 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas Duration 6 yrs

Due to _____
Due to _____

Other conditions H/O
(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 O.D. Meyer (M. D. or other) _____
Address 6029 S. Kingshighway Date signed 1/28/46

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

MOTHER FATHER

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..... me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Loren E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.,

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.