V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26285

FILED AUG 4 1947

Registration District No. 3

Primary Registration District No. 3069

Registrar's No. 1587

1. PLACE OF DEATH:
(a) County: MISSOURI St Louis
(b) City or town: ST. LOUIS Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1½ HOURS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: 000
(c) City or town: ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 3310 PENNSYLVANIA 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: IDA LIERMANN
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: DIVORCED
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: NOVEMBER 4 1901 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	8	19	hr. min.

9. Birthplace: ST. LOUIS MO (City, town, or county) (State or foreign country)
10. Usual occupation: CLERK
11. Industry or business: DR. GEO. A. McLLIES
MOTHER FATHER
12. Name: JOHN H LIERMANN
13. Birthplace: ST. LOUIS MO (City, town, or county) (State or foreign country)
14. Maiden name: MARY M. SCHLAGER
15. Birthplace: ST. LOUIS, MO (City, town, or county) (State or foreign country)
16. (a) Informant: MARY LIERMANN
(b) Address: 3310 PENNSYLVANIA
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 26 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: S.S. PETER & PAUL CEM.
18. (a) Signature of funeral director: Thomas Kutis & Son
(b) Address: 2906 GRAVOIS
19. (a) 7-26-47 (Date received local registrar) (b) Carl A. Klosterman (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23 year 1947 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 25 1947 to July 23 1947 that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 hrs
Due to: Uremia — Chr. Nephritis	Several years
Due to: Chr. Myocarditis	
Due to: 131-b	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: Leo P. Young (M. D. or other)
Address: 2621 S. Jefferson Date signed: 7/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Harris C Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Geneva

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.