. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12055

Registration District No. 116 | Primary Registration District No. 3020 | Registrar's No. 55

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 hr. (Specify whether
In this community: 31 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin 36
(c) City or town: Washington 6
(If outside city or town limits, write "RURAL")
(d) Street No.: 317 Walnut 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 11

3. (a) PRINT FULL NAME: LEONA DORTHY BIERMANN
3. (b) If veteran, name war: —
3. (c) Social Security No.: 498-16-8780
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: divorced 3
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 26 (Day) 1916 (Year)

8. AGE: Years 31 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace: Beaufort (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Nurse Maid
11. Industry or business:
FATHER
12. Name: Louis Biermann
13. Birthplace: Cuba (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name: Dora Hilla
15. Birthplace: Jefferson (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant: Mr. Louis Biermann
(b) Address: 317 Walnut
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington, Mo.
18. (a) Signature of funeral director: Otto C.
(b) Address: Washington, Mo.
19. (a) Apr. 24 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 99

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 22 year: 1948 hour: 1 minute: 40 a.m.

21. I hereby certify that I attended the deceased from Mar. 27 - 48, 19 48 to Apr. 22, 19 48 that I last saw her alive on Apr. 22, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic congestive heart failure	6 mos
Due to: overweight	10 yrs
Due to: 0	
Other conditions: Diabetes mellitus (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations: none done
Of autopsy: none done

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: 0

23. Signature: Raymond J. Bozzo (M. D. or other) M.D.
Address: Washington, Mo. Date signed 24 April 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed.....

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 Marvin H. Willenbrink

Licensed Embalmer No. 4511

P. O. Address Washington, 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.