

FILED DEC 1 1949

STANDARD CERTIFICATE OF DEATH

38517

State File No. 10047

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10047

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 3947 N. 9 Street		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3947 N. 9 Street				d. STREET ADDRESS (If rural, give location) 3947 N. 9 Street				
3. NAME OF DECEASED (Type or Print) Stella Biermann			a. (First) Stella			b. (Middle) Biermann		
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1949			5. SEX Female		
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Dec. 5, 1883		
9. AGE (In years last birthday) 65			IF UNDER 1 YEAR Months Days			IF UNDER 4 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing Mch. Operator			10b. KIND OF BUSINESS OR INDUSTRY Angelica Jacket			11. BIRTHPLACE (State or foreign country) Highland Illinois		
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Albert Krepps			13b. MOTHER'S MAIDEN NAME Margaretha Kauffmann		
14. NAME OF HUSBAND OR WIFE Chester Biermann			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 488-03-5135		
17. INFORMANT'S SIGNATURE OR NAME A. Chester Biermann			ADDRESS 3947 N. 9 Street			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal disease			b. Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 36 hours		
ANTECEDENT CAUSES			DUE TO (b) Arterio-sclerosis			DUE TO (c) Ch. Asthma		
DUE TO (a) Ch. Asthma			DUE TO (b) Arterio-sclerosis			DUE TO (c) Ch. Asthma		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			19a. DATE OF OPERATION None			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21a. ACCIDENT SUICIDE HOMICIDE (Specify) None			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR? 331X			22. I hereby certify that I attended the deceased from 1940 to Nov. 20, 1949 , that I last saw the deceased alive on Nov. 20, 1949 , and that death occurred at 10:40 P.M. , from the causes and on the date stated above.			23a. SIGNATURE Samuel K. Dotte, M.D.		
23b. ADDRESS 2435 N. Grand Blvd.			23c. DATE SIGNED 11-22-49			24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24b. DATE Nov. 23, 1949			24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, MO.		
DATE REC'D BY LOCAL REG. NOV 22 1949			REGISTRAR'S SIGNATURE J. B. Larstene			25. FUNERAL DIRECTOR'S SIGNATURE Suedmeyer & Son's		
ADDRESS 3934 N. 20 Street			ADDRESS 3934 N. 20 Street			ADDRESS 3934 N. 20 Street		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Neville B. Frohwitter*

Licensed Embalmer No. 3696

P. O. Address 3001 W. 1st St. St. Paul, Minn.

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.