

FILED JUN 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17983

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 4876

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 town) St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,	
c. LENGTH OF STAY (In this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 3140 Meramec St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3140 Meramec St.			
3. NAME OF DECEASED (Type or Print) a. (First) Brother Irenaeus (Otto) b. (Middle) Biermordt c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 1, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 24, 1877
9. AGE (In years last birthday) 72		10. KIND OF BUSINESS OR INDUSTRY Franciscan Fathers	11. BIRTHPLACE (State or foreign country) Halberstadt, Germany
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Biermordt		14. NAME OF HUSBAND OR WIFE None	
13b. MOTHER'S MAIDEN NAME Mary Kesselmann		17. INFORMANT'S SIGNATURE OR NAME Rev. Eligius Wier O.F.M.	
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. None	
17. ADDRESS 3140 Meramec St.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE WITH DECOMPENSATION		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS GENERALIZED		UNKNOWN	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21f. HOW DID INJURY OCCUR? H200	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>MARCH</u> , 1950, to <u>1 JUNE</u> , 1950, that I last saw the deceased alive on <u>1 JUNE</u> , 1950, and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Henry T. Cooper		23b. ADDRESS 818 OLIVE, ST. LOUIS 1 MO	
23c. DATE SIGNED 2 JUNE 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery	
24b. DATE June 3, 1950		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUN 2 1950		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary	
REGISTRAR'S SIGNATURE J. B. Foster		ADDRESS 2842 Meramec St.	

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18, Mo.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John E. Percy

Signed.....

Student Embalmer

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address St. Louis, 18, Missouri

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.