

26568

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

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4193</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> <u>0371</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hermann</u>		c. LENGTH OF STAY (In this place) <u>30yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hermann</u> <u>0371</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>421 West 10th St.</u>				d. STREET ADDRESS (If rural, give location) <u>421 West 10th St</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Bierwirth</u>		4. DATE OF DEATH (Month) <u>8</u> (Day) <u>6</u> (Year) <u>51</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-1-1885</u>	
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>00</u>		11. DAYS <u>00</u>		12. HOURS & MIN. <u>00</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Factory</u>		11. BIRTHPLACE (State or foreign country) <u>Bay, Mo.</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Henry Bierwirth</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Hoelmer</u>		14. NAME OF HUSBAND OR WIFE <u>Hulda L. Bierwirth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>				16. SOCIAL SECURITY NO. <u>499-01-7366</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lester Bierwirth</u> ADDRESS <u>Hermann, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> <u>10 years</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> <u>10 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial hypertension</u> <u>10 years</u>			
19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION <u>4200</u>			
20. AUTOPSY? YES ☐ NO ☒							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-30</u> , 19 <u>47</u> , to <u>8-6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-6</u> , 19 <u>51</u> , and that death occurred at <u>10:45A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carol T. Shaw, M.D.</u>				23b. ADDRESS <u>Hermann, Mo.</u>		23c. DATE SIGNED <u>8-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-9-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hermann City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hermann Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/8/51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo H. Blumer</u> ADDRESS <u>Hermann, Mo.</u>			

RECEIVED
SEP 4 - 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Chas. R. Pope

Licensed Embalmer No. 2552

P. O. Address Hermann, 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.