

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**43604**

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3948

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution; residence before admission)	
a. COUNTY <u>St. Louis</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baden Station</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Louis</u>
c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baden Station</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1339 Bellefontaine Church Rd.</u>		d. STREET ADDRESS (If rural, give location) <u>1339 Bellefontaine Church Rd.</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Bierman</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>December 10, 1951.</u>
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<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>April 23, 1886</u>	<b>9. AGE</b> (In years last birthday) <u>65</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 12 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Sheet Metal Worker</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis, Missouri.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Robert Bierman</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lina Meyer</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Margaret Bierman</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Margaret Bierman</u>	<b>ADDRESS</b> <u>1399 Bellefontaine Church Rd.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Right-Frontal Brain tumor</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 1/2</u>
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from July, 1949, to Dec 10, 1951, that I last saw the deceased alive on 12-10-1951, and that death occurred at 10:45 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>W. A. Hermann, M.D.</u>	<b>23b. ADDRESS</b> <u>8201 P. Boulevard</u>	<b>23c. DATE SIGNED</b> <u>12-11-51</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>12-13-51.</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Friedens Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Missouri.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12-12-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Robert R. Sommers</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Math Hermann &amp; Son, Inc.</u>	<b>ADDRESS</b> <u>2161 E. Fair Ave.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**FILED DEC 20 1951**

**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

*W. Alfred G. Burnley*

Licensed Embalmer No. *4209*

P. O. Address

*St. Louis, 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.