

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6243**
Registrar's No. **1356**

FILED MAR 5 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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, Mo.		c. LENGTH OF STAY (In this place) 2 1/2 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 8646 Trafford Lane			
3. NAME OF DECEASED (Type or Print) a. (First) Herman		b. (Middle) E.		c. (Last) Biermann	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 10 1952		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 22, 1885		9. AGE (In years last birthday) 66 IF UNDER 1 YEAR: Months Days IF UNDER 6 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Business		10b. KIND OF BUSINESS OR INDUSTRY McLaran Service		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Biermann		13b. MOTHER'S MAIDEN NAME Kathryn Weszling	
14. NAME OF HUSBAND OR WIFE Mrs. Anna Biermann		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Anna Biermann, 8646 Trafford Lane		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Aplastic Anemia	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 292.4	
22. I hereby certify that I attended the deceased from Nov. 13, 1951 , to Feb. 10, 1952 , that I last saw the deceased alive on Feb. 10, 1952 , and that death occurred at 6:30 A. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Clarence E. Agnella M. D.		23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 2-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-13-1952		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetary	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc.		ADDRESS 2161 E. Fair Ave.	
DATE REC'D BY LOCAL OFFICE FEB 13 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc.	

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

Glen W. Katz

Licensed Embalmer No. _____

3737

P. O. Address _____

St. Louis 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.