

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32745

FILED SEP 25 1952

State File No. 8273  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>8273</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) <b>40 YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		<b>2269</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3528 N. 11th ST.</b>				d. STREET ADDRESS (If rural, give location) <b>3528 N. 11th ST. 6</b>					
3. NAME OF DECEASED (Type or Print) <b>EMMA</b>		a. (First) <b>EMMA</b>		b. (Middle) <b>L.</b>		c. (Last) <b>BIERMANN</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 31. 1952</b>		5. SEX <b>F.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>			
8. DATE OF BIRTH <b>OCT. 3. 1876</b>		9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLEANING HOUSE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DRUGSTORE</b>			
11. BIRTHPLACE (State or foreign country) <b>NEW MINDEN, ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>		13a. FATHER'S NAME <b>UNK. STEINBRINK</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			
14. NAME OF HUSBAND OR WIFE: <b>GEORGE BIERMANN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-10-2510</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George Biermann</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute coronary artery occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>draining sinus from gangrenous Gall bladder</b> Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <b>removed at operation 9/21/52</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>	
19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input 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? <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>9/2/48</b> , to <b>Aug 31, 1952</b> , that I last saw the deceased alive on <b>Aug. 29, 1952</b> , and that death occurred at <b>2:30A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>H. Sedwamer MD</b> (Degree or title)				23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>9/2/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9/3/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FRIEDENS CEM</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>			
DATE REC'D BY LOCAL REG. <b>SEP 2 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Sedwamer &amp; Sons</b> ADDRESS <b>2924 N. 20 St</b>					

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Ronald O. Yahrke*

Licensed Embalmer No. *3717*

P. O. Address *St Louis*

**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.