.300
.48

FILED FEB 26 1953

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

7357

State File No. 7357

318 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1665

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hosp

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE MO
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City 4346
d. STREET ADDRESS (If rural, give location) 7355 Tulane

**3. NAME OF DECEASED** (Type or Print)
a. (First) HARRY
b. (Middle)
c. (Last) BIERMAN

**4. DATE OF DEATH** (Month) (Day) (Year) Feb. 12, 1953

**5. SEX** Male

**6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed

**8. DATE OF BIRTH** Nov. 20, 1880

**9. AGE** (In years last birthday) 72 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Wholesale tobacco + candy

**10b. KIND OF BUSINESS OR INDUSTRY** Wholesale

**11. BIRTHPLACE** (City and State or Foreign Country) USSR

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Abr. Bierman

**13b. MOTHER'S MAIDEN NAME** Annie Bierman

**14. NAME OF HUSBAND OR WIFE** Fannie

**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.** 487-38-1626

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS** MRS. V. GOLDFARB 7355 Tulane

## MEDICAL CERTIFICATION

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic heart Dis. — 5 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — 5 years

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☑

**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) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

4200

**22.** *I hereby certify that I attended the deceased from* Dec 11, 1949, *to* Feb 12, 1953, *that I last saw the deceased alive on* Feb 11, 1953, *and that death occurred at* 4a m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Laurence M. Kitner (Degree or title) M.D.

**23b. ADDRESS** 4709 W. Pine

**23c. DATE SIGNED** 2/12/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal

**24b. DATE** 2/13/53

**24c. NAME OF CEMETERY OR CREMATORY** Chas. Sheltmeir

**24d. LOCATION** (City, town, or county) (State) University City, Mo.

DATE REC'D BY LOCAL REG. FEB 13 1953

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS** Berger Memorial 4915 McPherson

M 8 3 (Licensed Embalmer's Statement on Reverse Side)

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 _____
Licensed Embalmer No. _____

P. O. Address _____

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, ice should be as stated above.