

FILED JAN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42506

| | | | | | | | |
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| BIRTH NO. | | REG. DIST. NO. 116 | | PRIMARY REG. DIST. NO. 3020 | | Registrar's No. 221 | |
| 1. PLACE OF DEATH a. COUNTY Franklin. | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin. | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington. | | c. LENGTH OF STAY (in this place) 22 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington. 0362 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital. | | | | d. STREET ADDRESS (If rural, give location) 712 E. 5th St. 0 | | | |
| 3. NAME OF DECEASED (Type or Print) Dorothy | | | a. (First) b. (Middle) c. (Last) Biermann | | | 4. DATE OF DEATH (Month) (Day) (Year) December 29, 1953 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 18th, 1895. | |
| 9. AGE (In years last birthday) 58 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker. | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home. | | 11. BIRTHPLACE (City and State or Foreign Country) U Union, Missouri. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Henry Gilla. | | 13b. MOTHER'S MAIDEN NAME Mary Rhodus. | | 14. NAME OF HUSBAND DECEASED Louis G. Biermann. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. None. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis G. Biermann Washington, Mo. | | | |
| 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) <i>acute myocardial infarction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Passorary sclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <i>Diabetes Mellitus</i> | | | | INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>5 yrs</i> <i>10 yrs</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201 | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <i>Dec 22</i> 1953, to <i>Dec 29</i> , 1953, that I last saw the deceased alive on <i>Dec 29</i> , 1953, and that death occurred at <i>9:30 A.M.</i> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>L. G. Biermann</i> | | | | 23b. ADDRESS <i>W.D. and Elm Washington, Mo.</i> | | 23c. DATE SIGNED <i>12-29-53</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial. | | 24b. DATE Dec. 31, 1953. | | 24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery, | | 24d. LOCATION (City, town, or county) (State) Washington, Mo. | |
| DATE REC'D BY LOCAL REG. 12/30/53 | | REGISTRAR'S SIGNATURE <i>L. G. Biermann</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Pilburg & Witt Inc.</i> | | ADDRESS Washington, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 12 193

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 Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.