

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5996

FILED MAR 10 1955

State File No.

318

1003

1629

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Clayton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Faith Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>245 Crandon Dr.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAX</u> b. (Middle) <u>J.</u> c. (Last) <u>BIERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 19, 1955</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 20, 1898</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 24 HRS. Hours <u>30</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Harry Bierman</u>			13b. MOTHER'S MAIDEN NAME <u>Fannie Sherman</u>		14. NAME OF HUSBAND OR WIFE <u>Ida S. Bierman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Bierman</u> ADDRESS <u>245 Crandon Dr.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>glomerulonephritis</u>				Chronic
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>592x</u>				
22. I hereby certify that I attended the deceased from <u>Sept. 18, 1949</u> to <u>Feb 19, 1955</u> , that I last saw the deceased alive on <u>Feb 19, 1955</u> , and that death occurred at <u>9:30 P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Raymond M. Charles MD</u>				23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>2/20/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/21/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chevra Kadisha Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>FEB 21 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf Inc.</u> ADDRESS <u>5216 Delmar</u>				

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

MAR 26 1911

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.....
Signature of Student Embalmer

Signed *Peter B. DuBois*

Licensed Embalmer No. *36*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.