

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

State File No. **35825**
9784
Registrar's No.

FILED NOV 16 1956

BIRTH NO. _____ 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,		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 37 Wilmore Rd.,		e. STREET ADDRESS (If rural, give location) 37 Wilmore Rd.,	
3. NAME OF DECEASED (Type or Print) a. (First) Rosalia b. (Middle) C. c. (Last) Lierman,		4. DATE OF DEATH (Month) (Day) (Year) October 24, 1956	
5. SEX Female!	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH March 23, 1876
9. AGE (In years last birthday) 80		10. MONTHS DAYS 	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Benedict Rechten,		13b. MOTHER'S MAIDEN NAME Elizabeth Ruschenberg,	
14. NAME OF HUSBAND OR WIFE Henry J. Lierman, (dec'd).			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None,	
17. INFORMANT'S SIGNATURE OR NAME Hildegard L. Furrer,		ADDRESS 37 Wilmore Rd.,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio-sclerotic heart disease with myocardial damage		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
ANTECEDENT CAUSES (b) As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		1 mo.	
DUE TO (c) Carcinoma of stomach		1 yr.	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 781			
19a. DATE OF OPERATION Mar. 56		19b. MAJOR FINDINGS OF OPERATION carcinoma of stomach 151x	
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) (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 Jan 57 , to Oct 24, 1956 , that I last saw the deceased alive on Oct 24, 1956 , and that death occurred at 8:25 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George A. O'Sullivan, M.D.		23b. ADDRESS 7629 Ivory Mo 10-26-56	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		24b. DATE 10/27/56	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. OCT 26 1956		REGISTRAR'S SIGNATURE J. Paul Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,		ADDRESS 2842 Meramec St., St. Louis, 18, Mo.	

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joe B. Benz
Licensed Embalmer No..... 4249
2842 Meramec
P. O. Address... St. Louis, 18

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.