THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4259

FILED MAR 5 1957

Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berger — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) O. Biermann Res. — Length of stay in Hospital 3 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gasconade
c. CITY OR TOWN Hermann. Mo 0371 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 138 W. 2nd Street — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: MARY Middle: MARTHA Last: BIERMANN

4. DATE OF DEATH Month: 3 Day: 3 Year: 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 6-24-1880
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 8, Days 9 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Little Berger, Mo 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Christoph Humburg
14. MOTHER'S MAIDEN NAME: Martha Hellberg
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: Mr. Oswald Biermann Berger Mo (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio-vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years
X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cerebral thrombosis 442 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/2/56 to 3/3/57 and last saw her alive on 3/3/57
Death occurred at 5:50 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. O. Biermann (Degree or title) M.D.
22b. ADDRESS New Haven, Missouri
22c. DATE SIGNED 3/4/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-6-1957
23c. NAME OF CEMETERY OR CREMATORY: Bethany E&R Cem
23d. LOCATION (City, town, or county) (State): Berger Mo

24. FUNERAL DIRECTOR: Paul H. Blumer — ADDRESS: Berger Mo
25. DATE RECD. BY LOCAL REG.: Mar. 4-1957
26. REGISTRAR'S SIGNATURE: Nettie Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in filling out this form. No symptoms, vague or indefinite diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MAR 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas M Pope

Licensed Embalmer No. 755

P. O. Address Hermann

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.