

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5079 STATE FILE NUMBER

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, Length of stay in 1b \_\_\_\_\_

c. FULL NAME OF DECEASED (If deceased in hospital, give hospital or institution) 3525 NO. FLOISSANT LITTLE SISTERS OF POOR Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY \_\_\_\_\_

c. CITY OR TOWN ST LOUIS, Inside Limits Yes  No

d. STREET ADDRESS 3525 NO. FLOISSANT AVE LITTLE SISTERS OF POOR Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
ANNA MARY BIERMAN MAY 28, 1961

5. SEX FEMALE 6. ANNA OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 4/25/1885 9. AGE (last birthday) 76 IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) OLD MONROE MISSOURI 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME CONSTANTINE BIERMAN 13b. MOTHER'S MAIDEN NAME ANNA BRINKSCHRADER 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT RAYMOND G. WINDSCHIEGL Address 9042 McNULT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Arterio-sclerotic heart-disease INTERVAL BETWEEN ONSET AND DEATH 2 1/2

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

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.)

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 May 12, 1961 to May 28, 1961 and last saw her alive on May 26, 1961  
Death occurred at 140 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard H. Flaherty M.D. (Degree or title) 22b. ADDRESS 2435 N. Grand Blvd 22c. DATE SIGNED 5-29-61

23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 5/31/61 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY 23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI

24. FUNERAL DIRECTOR STROOT - CARROLL ADDRESS 4600 NATURAL BRIDGE 25. DATE REGD. BY LOCAL REG. MAY 31 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

DATE AMENDED \_\_\_\_\_  
INSTEAD OF \_\_\_\_\_  
DOCUMENT \_\_\_\_\_  
MEDICAL CERTIFICATION \_\_\_\_\_  
SHOULD READ \_\_\_\_\_  
BY AFFIDAVIT OF \_\_\_\_\_

Dr. Hotta  
no Grand  
Je 54877  
83 15/100

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**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 W. R. Rutter  
\_\_\_\_\_

Licensed Embalmer No. 41685  
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.