JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43037
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003 (791)

(b) Township ..... Primary Registration District No. ..... Registered No. 11337

(c) City St. Louis (d) Street No. Jewish Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 39 yrs. mos. ds. (f) How long in U. S., If of foreign birth? 39 yrs. mos. ds.

2. PRINT FULL NAME Jacob Bierman

(a) Residence, No. 2611 Burd St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Bierman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1870

7. AGE: Years 67 | Months 2 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Retail Coal 13
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Volhynia 73
(STATE OR COUNTRY) U.S.S.R.

FATHER

13. NAME Abraham B. Bierman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R. 73

MOTHER

15. MAIDEN NAME Hannah (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R. 73

17. INFORMANT Mrs. Ida Bierman
(ADDRESS) 2611 Burd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 12/9/37, 19

19. FUNERAL DIRECTOR H. B. Berger
(ADDRESS) 4345 Mc Pherson

20. FILED DEC 9 1937 J. H. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1937, to Dec 8, 1937
I last saw him alive on 12-8, 1937. Death is said to have occurred on the date stated above, at 11:45 pm.
The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar, left — Date of onset 11-28

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Elmer Richman, M. D.
(Address) 634 N. Grand

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Herbert L. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed H. L. Berger

Licensed Embalmer No. 1597

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)