

1939 APR 12 1939

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

8712
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **Missouri Baptist Hospital** Registered No. **2477**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Fred Bierman**

(a) Residence, No. **1311 Hamilton Ave.** St. **6** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Bierman		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE YEARS About 74	MONTHS ---	DAYS ---
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant		
9. Industry or business in which work was done, as saw mill, bank, etc. Retired Iron & Metal		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia		
13. NAME Unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT (ADDRESS) Mollie Bierman 1311 Hamilton		
18. BURIAL, CREMATION, OR REBURYAL PLACE Chesed Shel Emeth March 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Rindskopf 5216 Delmar		
20. FILED MAR 15 1939 J. D. Budeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-15-39**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at **12:20 A**

The principal cause of death and related causes of importance were as follows:

Trac. Sclera + fibrils, Trac. Rubensom and contracting + lateralizing of body. Suffered pharyngeal stroke by a B&O train at Hall and Salisbury. Train operated by Oliver Brown

Other contributory causes of importance:
*Engineer and Frank Stark
Pareman about 1.40 per hour
14 1939*

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide **Accident** Date of injury **3/14 1939**
Where did injury occur? **St Louis Mo**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury **See above**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **Dr. M. J. Quinn** M.D.
Deputy Coroner

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.

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,

Chas. W. Cooper

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Chas. W. Cooper

Licensed Embalmer No. **3830**

P. O. Address **5216 Delmar**

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 this body is not embalmed, above space should be left blank.