

REC'D APR 19 1939

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

11310

Do not use this space.

1. PLACE OF DEATH

(a) County LACLEDE ² Registration District No. 449
 (b) Township WASHINGTON ¹ Primary Registration District No. 8612
 (c) or City..... (d) Street No..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

655 OTTO, HARRY BIERMANN
 (a) Residence, No. _____ St. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
BETTY FROELICH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 3-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 8 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) ST. LOUIS MO13. NAME HENRY BIERMANN ⁰14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY ⁶15. MAIDEN NAME FRANCIS BRITT ⁴16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HASTING ENGLAND17. INFORMANT (ADDRESS) Mrs. O. H. Biermann
R. L. Barber18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Cem. DATE Mar 10 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Roberts
Roberts20. FILED 4-6-39 J. A. McCoub
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 9 1939

22. I HEREBY CERTIFY, That I attended deceased from MAR 7 1939 to 3-9 1939
 I last saw him alive on 3-8 1939. Death is said to have occurred on the date stated above, at 5 A. m.

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

Mitral obstructive

Date of onset

Other contributory causes of importance: g.f.w.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. A. McCoub, M. D.

(Address) _____

RECEIVED
District Health Officer No. 7,
District File Number 7-39-5-11
Date Filed 4-12-39

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, ~~and~~ by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

R. Behner

Licensed Embalmer No. 1161

P. O. Address *Lebanon Mo*

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.