

791

1005

State File No. ....

9548

Registration District No. .... Primary Registration District No. ....

Registrar's No. ....

FILED DEC 1 1940

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4138a Margaretta Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution .....  
(Specify whether

In this community .....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County .....

(c) City or town St. Louis. 10  
(If outside city or town limits, write "RURAL")

(d) Street No. 4138a Margaretta Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Edward H. Biermann.

3. (b) If veteran, name war. No. 3. (c) Social Security No. None.

4. Sex Male. 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed.

6. (b) Name of husband or wife Late Elizabeth Bierman 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased January 10th, 1877.  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days     | If less than one day |
|---------|-----------|-----------|----------|----------------------|
|         | <u>63</u> | <u>10</u> | <u>9</u> | hr. .... min.        |

9. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman.

11. Industry or business City Water Department.

12. Name Herman Biermann.

13. Birthplace Germany.  
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Dettmer.

15. Birthplace Germany.  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Wheatly.

(b) Address 4138a Margaretta Ave.

17. (a) Burial. (b) Date thereof 11-22-40.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany cem.

18. (a) Signature of funeral director Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 21 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1940 hour 1:10 minute ..... M.

21. I hereby certify that I attended the deceased from Jan 10<sup>th</sup> 1939, to Nov. 19<sup>th</sup> 1940; that I last saw him alive on Nov. 19<sup>th</sup> 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration 5 days

Due to arteriosclerotic heart disease and coronary thrombosis 2 1/2 years

Due to arteriosclerosis

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations .....  
Of autopsy not done

PHYSICIAN .....  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? .....  
(Specify type of place) (e) Means of injury

23. Signature Frank J. Krebs (M. D. or other) !

Address 3500 N. Grand Date signed 11-20-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Krebs. 3500 N. Grand.  
W 1463.

**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.....

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

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 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 this body is not embalmed, fact should be so stated above.**