

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40054

State File No. 9766

Registrar's No.

JAN 24 1942

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution:
1104a East Gano Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
In this community 3 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 1104a East Gano Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Sandra Darline Biermann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 5, 1938
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>3</u>	<u>11</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER {

12. Name John H. Biermann

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

14. Maiden name Carrie Breuer

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

16. (a) Informant John H. Biermann

(b) Address 1104a East Gano Ave

17. (a) Burial (b) Date thereof 12/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 9 1941 J. F. Bredeck
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 8th
year 1941 hour 12:40 PM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 25 1941 to December 8 1941
that I last saw her alive on 12/8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcana (premy in atrum) about 6 months

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

Duration

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)
(M. D. or other) _____

23. Signature _____ (M. D. or other)
Address 3720 Washington Ave Date signed 12/3/41

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.....
Licensed Embalmer No. 2967
P. O. Address H. D. Lucas, Md

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.