

FILED APR 5 1948

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 816

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural Airport Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
JEWISH SANATORIUM
(If not in hospital or institution, write place)
(d) Length of stay: In hospital or institution 9 months 28 days
(Specify whether
In this community 44 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 1284a Amherst
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1948 hour 7 minute 50 P.M.
21. I hereby certify that I attended the deceased from June 1,
1947 to March 28, 1948.
that I last saw her alive on March 28, 1948.
and that death occurred on the date and hour stated above.
Immediate cause of death Hypertensive and
arteriosclerotic heart disease Duration 15 years

3. (a) PRINT FULL NAME Fannie Bierman
(b) If veteran, name war No
(c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry Bierman 6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased Unknown 1888
(Month) (Day) (Year)

8. AGE: Years About 59 Months 9 Days 19 If less than one day hr. min.

9. Birthplace At home Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Albert Simpkin
13. Birthplace Russia 6
(City, town, or county) (State or foreign country)
14. Maiden name Jennie (unk)
15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Bierman
(b) Address 1284a Amherst

17. (a) Burial (b) Date thereof 3/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berger Memorial

18. (a) Signature of funeral director Chesed Shel Emeth
(b) Address 4715 N. Pherson

19. (a) 3-29-48 (b) Beulah Kay
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____ 93d

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

Major findings: Of operations _____
Of autopsy _____
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?

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

23. Signature Chesed Shel Emeth (M. D. or other) _____
Address JEWISH SANATORIUM Date signed 3.28.48

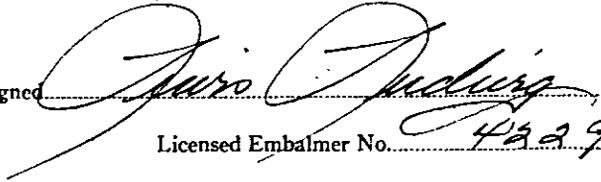
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 4829.....

P. O. Address.....

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.