

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12515

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 9434 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Rural St. John's</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. #2.</u>		d. STREET ADDRESS (If rural, give location) <u>317 Walnut St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Allen</u>	b. (Middle) <u>Gustav</u>	c. (Last) <u>Biermann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 20th, 1950.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Sept. 25, 1924</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Helper in Lumber Yard.</u>	10b. KIND OF BUSINESS OR INDUSTRY Employed by <u>Harris Lumber Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Beaufort, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Louis George Biermann.</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Nora Gilla</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. World War #2.</u>	16. SOCIAL SECURITY NO. <u>498-12-1998</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis G. Biermann</u>	ADDRESS <u>Washington, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3. mo 6</u> <u>28 1/2</u> <u>31</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compound fracture of Skull</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto Accident</u> DUE TO (c) <u>Left Road on Curve and struck Telephone Pole on Highway 47</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>on Highway 47</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (Home, farm, factory, street, etc.) <u>1/2 mi. S. of Washington</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Johns Franklin Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>036</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Pho. P. Shaffer</u>	(Degree or title) <u>Cover</u>	23b. ADDRESS <u>Sullivan</u>	23c. DATE SIGNED <u>4/20/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 22, 1950.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr 20, 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>990 Nieburg + Vitt, Inc.</u>	ADDRESS <u>Washington, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

0369
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APR 28 1950

RECEIVED APR 22 1950
District Health Officer No. 9
District File Number

MAY 4 1950

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

James T. Swoboda
Licensed Embalmer No. 4587

Signed.....
Student Embalmer

P. O. Address Washington

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.