

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12516

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington "Rural" St. John's x</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R. #2.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u> d. STREET ADDRESS (If rural, give location) <u>730 Missouri Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>MARTIN</u> c. (Last) <u>BIERMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20th, 1950.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 16th, 1929</u>
9. AGE (In years last birthday) <u>20</u>		10. MONTHS <u>10</u>	11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Boland Feed Store.</u>	
11. BIRTHPLACE (State or foreign country) <u>Washington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Martin W. Biermann.</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Uhrmann.</u>	
14. NAME OF HUSBAND OR WIFE <u>x</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give year or dates of service) <u>None.</u>	
16. SOCIAL SECURITY NO. <u>491-26-3085</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martin W. Biermann</u> ADDRESS <u>Washington, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Neck</u>		INTERVAL BETWEEN ONSET AND DEATH <u>68174</u>	
ANTECEDENT CAUSES (b) <u>Auto Accident</u>		<u>31</u>	
DUE TO (c) <u>Left Road on Curve and Struck Telephone Pole on Highway 47.</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Left Road on Curve and Struck Telephone Pole on Highway 47.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, office, field, 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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR _____	
22. I hereby certify that I attended the deceased from <u>2</u> , 19 <u>50</u> , to _____, 19 <u>50</u> , that I last saw the deceased alive on _____, 19 <u>50</u> , and that death occurred at <u>12:10</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thos. P. Shaffer Coroner</u>		23b. ADDRESS <u>Sullivan mo</u>	
23c. DATE SIGNED <u>4/20/50</u>			
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>	
DATE REC'D BY LOCAL REG. <u>Apr. 20, 1950</u>		REGISTRAR'S SIGNATURE <u>99</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rieburg & Vitt, Inc.</u>		ADDRESS <u>Washington, Mo.</u>	

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

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

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..... *Jerome T. Sivoboda*

Signed.....
Student Embalmer

Licensed Embalmer No. *4507*

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.