

FILED APR 9 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 9889

2884

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 16		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2169		
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor 3400 S. Grand Blvd.				d. STREET ADDRESS (If rural, give location) 3400 S. Grand Blvd.						
3. NAME OF DECEASED a. (First) Charles			b. (Middle) H.		c. (Last) Bierman		4. DATE OF DEATH (Month) (Day) (Year) March 27, 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 7, 1864		9. AGE (In years last birthday) 87		
						IF UNDER 1 YEAR Months 0		IF UNDER 11 HRS. Days 20		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Druggist				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Henry H. Bierman				13b. MOTHER'S MAIDEN NAME Frances Britt		14. NAME OF HUSBAND OR WIFE Anna				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Bierman				ADDRESS 5015 a Bancroft Ave.	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Arteriosclerosis</i>						INTERVAL BETWEEN ONSET AND DEATH 1 Week		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis</i>						3 1/2		
		DUE TO (c)								
		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						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE		331x				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		1570				
22. I hereby certify that I attended the deceased from Feb 19 1949, to March 27, 1951, that I last saw the deceased alive on Feb 20, 1951, and that death occurred at 7 1/2 m., from the causes and on the date stated above.										
23a. SIGNATURE <i>Edward P. ...</i>				23b. ADDRESS 607 No Grand		23c. DATE SIGNED 7/27/51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/29/51		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery		24d. LOCATION (City, town, or county) St. Louis		MO.		
DATE REC'D BY LOCAL REG. MAR 28 1951		REGISTRAR'S SIGNATURE J. B. Lessler			25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons		ADDRESS 2630 Gravois Ave.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Robert F. Gelken*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.