

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24331

FILED AUG 2 - 1954

State File No. 6844
Registrar's No. 6844

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6844			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St Louis</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>6347 A MURDOCK</u> 2749					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>(none)</u> c. (Last) <u>BUERMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 22 1954</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>4 Sept 1876</u>			
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MUNICIPAL EMPLOYEE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BALWIN, MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LUDWIG BUERMANN</u>		13b. MOTHER'S MAIDEN NAME <u>DOROTHY MERTEN</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE AUERSTALD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-36-6844</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Josephine H. Buermann</u> ADDRESS _____					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>METASTATIC CA OF BRAIN</u> ANTECEDENT CAUSES DUE TO (b) <u>PRIMARY CA of KIDNEY</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS</u>	
19a. DATE OF OPERATION <u>5 May 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cerebral metastasis - lobotomy</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>180X</u>					
22. I hereby certify that I attended the deceased from <u>August, 1952</u> , to <u>July</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>22 July, 1954</u> , and that death occurred at <u>5:20 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>C. Barber Muller</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>7-22-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JULY 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. LEBANON CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO., MO.</u>			
DATE REC'D BY LOCAL REG. <u>JUL 23 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER</u> ADDRESS <u>COLONIAL MORTUARY, 6964 CHIPPEWA</u>					

F.P. (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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harry J. Schumacher*
Licensed Embalmer No. *26*

P. O. Address *7814 S. Bu*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.