

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10442** STATE FILE NUMBER **63-041205**

**FILED OCT 24 1963**

1. PLACE OF DEATH  
 a. COUNTY **MISSOURI**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) **ST. LOUIS** Length of stay in 1b **3 YRS.**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **MASONIC HOME HOSPT** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **1016 McCausland** Reside on Farm Yes  No

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  
 a. STATE **MISSOURI** b. COUNTY **ST. LOUIS**  
 c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **1016 McCausland** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **GEORGE ISADOR BIERMAN** 4. DATE OF DEATH Month Day Year **OCT. 20 1963**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **2-12-1889** 9. AGE (last birthday) **81** IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **CLERK** 10b. KIND OF BUSINESS OR INDUSTRY **CONFECTIONERY** 11. BIRTHPLACE (City and state or country) **CHICAGO ILL. U.S.A.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **ISAAC BIERMAN** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **LILLIE JACOBSON BIERMAN** Address **1391 N. BERRY RD.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **[REDACTED]** 17. INFORMANT **MRS FRED WALLACE GLENDALE MO.**

18. CAUSE OF DEATH (Enter only one cause per line)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **UREMIA** INTERVAL BETWEEN ONSET AND DEATH **1 MO.**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Prostatic hypertrophy** **UNKNOWN**  
 DUE TO (c) **Generalized Arteriosclerosis** **UNKNOWN**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **610x** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **6/7/60** to **10/20/63** and last saw  him  her alive on **10/20/63**  
 Death occurred at **7:15 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Harold E. Walters M.D.** 22b. ADDRESS **3720 Washington St. Louis** 22c. DATE SIGNED **10-20-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **10-23-1963** 23c. NAME OF CEMETERY OR CREMATORY **MEMORIAL PARK** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS E.O. MO.**

24. FUNERAL DIRECTOR **RAY B. SMITH** ADDRESS **MAPLEWOOD MO.** 25. DATE RECD. BY LOCAL REG. **OCT 21 1963** 26. REGISTRAR'S SIGNATURE **Harold Smith M.D.**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

1

2 **204**

3 **2**

4 **0**

5 **1**

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7 **1**

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10

11

12 **86-0**

13

86

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_

*Melvin Barstow*

Licensed Embalmer No. \_\_\_\_\_

*4903*

P. O. Address \_\_\_\_\_

*St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.