

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 24

FILED JUN 22 1940

## 1. PLACE OF DEATH:

(a) County STE. GENEVIEVE  
(b) City or town STE. GENEVIEVE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)In this community \_\_\_\_\_  
years, months or days 6253. (a) PRINT FULL NAME CHARLES KIRCHNER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife FRANCISCA GREITHER 6. (c) Age of husband or wife if alive 7 years7. Birth date of deceased APRIL 9 1856  
(Month) (Day) (Year)8. AGE: Years 84 Months 1 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace ZELL MISSOURI  
(City, town, or county) (State or foreign country)10. Usual occupation FARMER11. Industry or business 912. Name PETER KIRCHNER 913. Birthplace unknown 9  
(City, town, or county) (State or foreign country)14. Maiden name ANASTASIA SCHWEISS15. Birthplace unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Henry Schrock(b) Address Ste. Genevieve Mo17. (a) Burial (b) Date thereof 5/16/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Ignace Mo18. (a) Signature of funeral director Chas C. Basler(b) Address Ste. Genevieve Mo19. (a) May 15/40 (b) T.W. Douglas  
(Date registered local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ste. Genevieve(c) City or town Ste Genevieve  
(If outside city or town limits, write "RURAL")(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1940 hour 7 minute 30 A. M.21. I hereby certify that I attended the deceased from June 5  
1938, to May 14, 1940,that I last saw him alive on May 14, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Shrunk Myocarditis Duration 2 yrsDue to Arterio sclerosis 5 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
7thWhile at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature Arthur E. Stefan (M. D. or other) MDAddress Ste Genevieve Mo Date signed 5-15-40

**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.....

*C. A. Howell*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*C. A. Howell*

Licensed Embalmer No. ....

*3670*

P. O. Address.....

*Farmington, N.H.*

**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, above space should be left blank.**