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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30416

Registration District No. 7911 — Primary Registration District No. 1003 — Registrar's No. 7693

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5054 Louisiana
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 15
(If outside city or town limits write "RURAL")

(d) Street No. 5054 Louisiana
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Schirman

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Schirman

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan. 29, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	7	14	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation unemployed

11. Industry or business (coal) salesman

FATHER
12. Name Joseph Schirman
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Vogel
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs L Schirman
(b) Address 5054 Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Broadway

19. (a) SEP 13 1940 (Date received local registrar) J. F. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12th
year 1940 hour 1 minute 7 P.M.

21. I hereby certify that I attended the deceased from January 13, 1940, to Sept. 12, 1940, that I last saw him alive on Sept. 2, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis.

Due to Myocarditis chr.
Diabetes mellitus, mild

Due to

Other conditions Trophic ulcer left foot
(Include pregnancy within 3 months of death)
(Site)

Major findings:
Of operations none.
Of autopsy none.

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. L. Berscle (M. D. or other)
Address 2252 Cherokee Date signed Sept. 13-40

(Licensed Embalmer's Statement on Reverse Side)

A. B. L. Berche
2266 S Compton
2-5

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 .....

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

working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St Louis Mo.

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.