

Registration District No. 784

Primary Registration District No. 2nd

Registrar's No. 853

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7001 Lexington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Alphons A. Schierman

3. (b) If veteran, name war No. 3. (c) Social Security No. 489-12-4424

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 19 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 30 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Weissenborg Coal Co.

12. Name Harry C. Schierman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Altmann

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Carey

(b) Address 7001 Lexington Ave.

17. (a) Burial (b) Date thereof 4 - 21 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen Kelly 707

(b) Address 19 1947 Natural Bridge

19. (a) APR 19 1941 (b) R. Meyer MD JPH
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 7001 Lexington Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1941 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 8, 1941, to April 18, 1941,
that I last saw him alive on April 16, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis Duration 1 da

Due to Arterio sclerosis 10 yrs

Due to Chr. Myocarditis - 10 yrs

Other conditions (Include pregnancy within 3 months of death) HTH

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature R. Meyer MD JPH (M. D. or other) JPH
Address 340 Bernyola Date signed 4-19-41

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

96
0
0

R M

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 James A. Lammers

Licensed Embalmer No. 4142

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 this body is not embalmed, above space should be left blank.