

MAY 13 1941

STANDARD CERTIFICATE OF DEATH

State File No. 13960

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 439

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: St. Joseph's Hospital

(d) Length of stay: In hospital or institution 2 mo.

In this community 43 years

3. (a) PRINT FULL NAME HENRY SCHIRMER

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 Marie Schirmer

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept. 28th 1862

8. AGE: Years 78 Months 6 Days 20

9. Birthplace Unknown Germany

10. Usual occupation Retired Foreman

11. Industry or business Morris & Co.

12. Name John H. Schirmer

13. Birthplace Unknown Germany

14. Maiden name Siebart

15. Birthplace Unknown Germany

16. (a) Informant Dr. E.H. Schirmer

(b) Address 208 Harvard St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4-21-41

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) 4-21-1941 (b) H. J. Vestebush

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 5701 S. 2nd.

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th year 1941 hour 6 minute 06 P. M.

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

Immediate cause of death Coronary Occlusion

Duration 4 1/2 days

Other conditions Cancer of the colon unknown

Major findings: Of operations Lat. step-Mikulicz Operation

Of autopsy None

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) No

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (e) Means of injury

23. Signature John J. Ruine (M. D. or other) M.D.

Address St. Joseph Mo. Date signed 4-21-41

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

MOTHER FATHER

**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.....

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

Licensed Embalmer No. 3300

P. O. Address.....

**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, fact should be so stated above.**