

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland

(c) Name of hospital or institution:  
2851 Ridgeway Ave.  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland  
(If outside city or town limits, write "RURAL")

(d) Street No. 2851 Ridgeway Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILHELMINA KIRCHER.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd.  
year 1942 hour 4 minute 30 AM M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Fred Kircher.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased March 16, 1860.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 22 '41  
to Jan 3 '42  
that I last saw her alive on Jan 3 '42  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

80 9 18 hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Sclerosis

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

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

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

Other conditions Arterio Sclerosis - Arthritis  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business at home

Major findings:  
Of operations \_\_\_\_\_

MOTHER FATHER

12. Name Dont know.

13. Birthplace Dont know. 9  
(City, town, or county) (State or foreign country)

14. Maiden name Dont know.

15. Birthplace Dont know. 9  
(City, town, or county) (State or foreign country)

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

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

16. (a) Informant Mrs Minnie Peeters.

(b) Address 2851 Ridgeway Ave.

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

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

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

17. (a) Burial (b) Date thereof Jan. 5, 1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

(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 \_\_\_\_\_

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5900 268 Easton Ave.

23. Signature Mrs. Rose (M. D. or other)

Address 1492 N. Harrison Date signed 1/3/42

19. (a) JAN 5 1942 (b) P. S. Mc  
(Date received local registrar) (Registrar's signature)

**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 3454  
David C. Gibson, Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson  
Licensed Embalmer No. 3454  
P. O. Address 5966 Easton St. 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, fact should be so stated above.**