

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22732

State File No.

6263

FILED AUG 6 1942

791

Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....St. Louis, Missouri
 (b) City or town.....St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....8 Days
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Oliver Peter Shrisman3. (b) If veteran, name war.....NO 3. (c) Social Security No. NO4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED6. (b) Name of husband or wife JOSEPHINE 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased.....JAN 31 1947
(Month) (Day) (Year)8. AGE: Years 75 Months 5 Days 24 If less than one day
.....hr.min.9. Birthplace.....ST LOUIS MO.
(City, town, or county) (State or foreign country)10. Usual occupation.....LABORER11. Industry or business.....UNEMPLOYED

MOTHER FATHER
 { 12. Name.....UNKNOWN
 { 13. Birthplace.....UNKNOWN 9
 (City, town, or county) (State or foreign country)
 { 14. Maiden name.....UNKNOWN
 { 15. Birthplace.....UNKNOWN 7
 (City, town, or county) (State or foreign country)

16. (a) Informant.....John F. Faltmann(b) Address.....7118 VIRGINIA AV.17. (a) BURIAL (b) Date thereof.....JULY 25-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation.....MNT HOPE CEM.18. (a) Signature of funeral director.....J. P. Faltmann(b) Address.....7128 Michigan19. (a) JUL 24 1942 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....MO (b) County.....000
 (c) City or town.....ST LOUIS 117
 (If outside city or town limits, write "RURAL")
 (d) Street No.....7118 VIRGINIA AV. 9
 (If rural, give location)
 (e) Citizen of foreign country?.....0 ^{1/2} (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22,
year 1942 hour 6:44 minute P. M.21. I hereby certify that I attended the deceased from July
15, 1942 to July 22, 1942that I last saw him alive on July 22, 1942
and that death occurred on the date and hour stated above.Immediate cause of death
arteriosclerotic heart disease

Due to.....

Due to.....

Other conditions.....15
(Include pregnancy within 3 months of death)Major findings:
Of operations.....Of autopsy.....refused

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.....Don. Petersen (M. D. or other) 7/23/42
Address.....1515 Lafayette Avenue Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Harry C. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *732 Lemay Road*

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.