

FILED DEC 22 1943

Registration District No. 318 Primary Registration District No. 1003 State File No. Registrar's No.

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution City Infirmary  
(d) Length of stay: In hospital or institution 2 weeks

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 5800 Arsenal St  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME SCHIRMMEYER, EDWARD.  
3. (b) If veteran, name war No. 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December, Day 1, Year 1943, hour 4:00 minute A. M.  
21. I hereby certify that I attended the deceased from 11-17 1943 to 12-1 1943  
that I last saw him alive on December 1, 1943 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower  
6. (b) Name of husband or wife Dora Bradley 6. (c) Age of husband or wife if alive years 17 1872  
7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death  
Cor ventriculi  
Duration 1 1/2 years

8. AGE: 71 Years 7 Months 14 Days If less than one day hr. min.  
9. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)

Due to  
Due to  
Other conditions Gastrointestinal fistula Metastasis in pancreas and liver

10. Usual occupation Carpenter  
11. Industry or business  
12. Name ? Schirmmeyer  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace (City, town, or county) (State or foreign country)

Major findings: Of operations  
Cor ventriculi, int. metastases in liver and pancreas, Gastrointestinal fistula

16. (a) Informant Wm. Windsheimer (b) Address 5800 Arsenal St.  
17. (a) Burial (b) Date thereof 12/7/43  
(c) Place: burial or cremation Calvary Cem.  
18. (a) Signature of funeral director SULLIVAN BROS (b) Address 2849 N. Euclid ave  
19. (a) DEC 7 1943 (b) J. F. Bueckert (c) Registrar's signature

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?  
(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 M. D. (M. D. or other) M. D. Date signed 12/6/43

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

MOTHER FATHER

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**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 Albert Mayfield  
Licensed Embalmer No. 3077  
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, fact should be so stated above.**