

FILED AUG 8 1944

Registration District No. **318**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Alexian Bros. Hospital  
 (If not in hospital or institution, write street number or location) 16das  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_ (Specify whether)  
 years, months or days

3. (a) PRINT FULL NAME FERDINAND KIRCHNER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495-22-4041

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Theresa 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan. 15 1868  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>6</u>	<u>14</u>	hr. _____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Cabinet Maker

11. Industry or business Reed-Steger Co.

MOTHER FATHER

12. Name William Kirchner

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Don't Know (City, town, or county) (State or foreign country)

15. Birthplace Don't Know (City, town, or county) (State or foreign country) 9

16. (a) Informant Theresa Kirchner

(b) Address 4105 Louisiana Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/44 (Month) (Day) (Year)

(c) Place: burial or cremation NewSS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Maramec St.

19. (a) JUL 31 1944 (Date received local registrar) J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 9  
 (d) Street No. 4105 Louisiana Ave. (If rural, give location) 15  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th  
 year 1944 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 7-20, 1944, to 7-29, 1944  
 that I last saw him alive on 7-28, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Emergency Duration 3 days

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

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

Other conditions Chronic pyelitis 3  
 (Include pregnancy within 3 months of death)  
Common ? stomach

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

Of autopsy as above

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 [Signature] (M: D. or other) no

Address 2842 Maramec St. Date signed 7/31/44

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 *Howard R Rowland*

Licensed Embalmer No. *3114*

P. O. Address *O'Harris*

**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.**