

FILED MAY 2, 1946

State File No.

3693

Registration District No. 318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME George Louis Kirsch

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race White  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clara S. Kirsch 6. (c) Age of husband or wife if alive 60 years.

7. Birth date of deceased Mar. 18 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 1 3 hr. mi.

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

10. Usual occupation Sec. & Treasurer

11. Industry or business Hauschulte Realty

12. Name Frederick Kirck

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

14. Maiden name Elizabeth Kreiche

15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara S. Kirsch

(b) Address 1432 Veronica Ave.

17. (a) Entombment (b) Date thereof 4-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) APR 23 1946 J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1432 Veronica Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 21  
year 1946 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 21 1946 to Apr 21 1946  
that I last saw him alive on Apr 20 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Intestinal Hemorrhage Duration 6 hrs

Due to Intestinal Polyp  
Due to unqualified

Other conditions Proctitis - Ch  
Non-calculous

Major findings:  
Of operations.....

Of autopsy.....

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 J. F. Bredek (M. D. or other).....

Address 5304 W. F. Conrad Date 4/27/46

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

MOTHER FATHER

14904

Dr. E. M. Schmidt, (Ev. 4555)  
6704 W. Florissant.

11 to 1

**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 R. Thomsen jr  
Licensed Embalmer No. 4237  
P. O. Address St. Louis

**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.**