

FILED JAN 7 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**1003**Registrar's No. **10510**

## 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:  
**Deaconess Hospital D**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **17 Days**  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME **Emilie Irion**

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

4. Sex **Female** / 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Christian Irion**  
 6. (c) Age of husband or wife if alive **84** years

7. Birth date of deceased **July 31 1869**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**77** **4** **X** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **Carl Hausmann**

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

14. Maiden name **Amelia Schmitz**

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

16. (a) Informant **Christian Irion**(b) Address **3714 Wyoming St**

17. (a) **Burial** (b) Date thereof **12-9-1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul's Churchyard**18. (a) Signature of funeral director **Frederick Bros.**(b) Address **6409 Gravois Ave.**

19. (a) **DEC 9 1948** (b) **J. F. Bredeek**  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **3714 Wyoming St**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6th** day **December**  
 year **1946** hour **5:42** minute **AM** M.

21. I hereby certify that I attended the deceased from  
**Nov. 20** 19**46** to **Dec. 5** 19**46**  
 that I last saw her alive on **Dec. 5** 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** **3 wks**  
 Duration

Due to **Cardio-renal disease** **over**  
 Due to **1 yr.**

Other conditions **1/21**  
 (Include pregnancy within 3 months of death)

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

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

## 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 **H. A. Goodrich** (M. D. or other)Address **19 E. Lathrop** Date signed **12/7/46**

Mr. Korbman  
19 E. Lockwood  
Re: 3200

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 Homer No. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

**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.