No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29171

FILED SEP 2 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7971

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

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: 3123a Osage Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-01
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3123a Osage Street 9
24 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Dora
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 11th (Day) 1871 (Year)

8. AGE: Years 76 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Bunker Hill (City, town, or county) Illinois (State or foreign country)
10. Usual occupation retired
11. Industry or business

FATHER
12. Name Robert Jirauch
13. Birthplace (City, town, or county) Unknown (State or foreign country) 7

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Matthew Jirauch
(b) Address 3123a Osage, St. Louis, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Wacker-Helderle U. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) AUG 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st year 1947 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from Feb. 19, 1947, 19, to Aug 21, 1947 that I last saw him alive on Aug. 13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Cardio-vascular-renal disease with	
Due to Hypertension, severe	
Other conditions Arthritis, spine. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Victor H. Kuenkel (M. D. or other) MD.
Address 3109 So. Grand Date signed 8/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Crohuler

Licensed Embalmer No. 2178

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.