No. 2
1/47
17-39

#80944

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 378

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 2909

Registrar's No. 197

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One week (Specify whether years, months or days)
In this community 62 years

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. 905 Wilmington (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ———

3. (a) PRINT FULL NAME MRS. ANNA NIRK
3. (b) If veteran, name war ———
3. (c) Social Security No. ———
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife August Nirk
6. (c) Age of husband or wife if alive ——— years
7. Birth date of deceased June (Month) 17 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
78	6	19	hr. min.

9. Birthplace Mascoutah, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business ———
MOTHER FATHER
12. Name Fred Wolf
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Katherine Heilman
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Frank Verderber
(b) Address 905 Wilmington Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery
18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue
19. (a) JAN 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th year 1948 hour 8 minute 55 P.M.
21. I hereby certify that I attended the deceased from 12/30/47, 19..., to Jan. 6th 1948 that I last saw her alive on Jan. 6th 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cardiac asystole

Due to Arteriosclerotic Heart disease

Due to

Other conditions: Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 [illegible] (M. D. or other)
Address 1515 Lafayette Date signed 1/7/48

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 Glen W. Hatz

Licensed Embalmer No. 3757

P. O. Address 1936 St. Louis Av

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.