

FILED OCT 30 1948

318

Primary Registration District No.

1003

WRITE PLAINLY—USE 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:  
DePaul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5653 Parklane Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frieda L. Schirr

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19  
year 1948 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct. 1, 1948, to Oct. 19, 1948,  
that I last saw he alive on Oct. 19, 1948,  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Gerhardt

6. (c) Age of husband or wife if alive Dad years

7. Birth date of deceased Feb. 12 1864  
(Month) (Day) (Year)

Immediate cause of death

Cerebral Hemorrhage

Due to Arteriosclerotic disease

Other conditions (Include pregnancy within 3 months of death) 9/3

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? \_\_\_\_\_

8. AGE: Years Months Days If less than one day

8	8	7	hr. min.
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9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

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

12. Name Adem Steinhauer

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

14. Maiden name Unknown

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

16. (a) Informant Walter L. Schirr

(b) Address 5653 Parklane Ave - St. Louis, Mo.

17. (a) Cremation (b) Date thereof 10-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Bourman Bros

(b) Address 2504 Woodson Rd - Overland - Mo.

19. (a) OCT 21 1948 (b) J. D. Labater  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature [Signature] (M. D. or other) MD  
Address [Address] Date signed 10/21/48

**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 3454

....., Registered Apprentice No.....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Oakland 14

**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.**