

FILED JUN 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18170

State File No.

4745

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis Co.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4316	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 6311 Bartmer Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital.			

3. NAME OF DECEASED (Type or Print) CHARLES WALTER FIRMAN.			4. DATE OF DEATH (Month) (Day) (Year) May 27, 1950.		
a. (First)	b. (Middle)	c. (Last)	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 7, 1899.		9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Charles W. Firman		13b. MOTHER'S MAIDEN NAME Henrietta Christianson		14. NAME OF HUSBAND OR WIFE Margaret Firman	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Firman, 6311 Bartmer Ave.,		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracerebral Hemorrhage - Rt. cortex		DUE TO (b) Hypertensive cardio-renal vasculosis			5/27/50
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			5/27/50+
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2:37 10 5 1950		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 44.2X	

22. I hereby certify that I attended the deceased from **5/27**, 19**50**, to **5/27**, 19**50**, that I last saw the deceased alive on **5/27**, 19**50**, and that death occurred at **4:40 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Walter L. Moore (Degree or title) M.D.		23b. ADDRESS 6376 Clayton Road, St. Louis 17 Mo		23c. DATE SIGNED 5/29/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 31, 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.,	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					

DATE REC'D BY LOCAL REG. MAY 29 1950		REGISTRAR'S SIGNATURE J. O. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1125 Hodiamont Ave.,	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Walter L. Moore,
6376 Clayton Blvd.,
HI. 1808.

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Charles P. Padwell

Licensed Embalmer No. 4077

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.