S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41163

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3133

4000

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay
c. LENGTH OF STAY (in this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 275 Pardella ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay
d. STREET ADDRESS (If rural, give location) 275 Pardella ave.

4860

3. NAME OF DECEASED (Type or Print)
a. (First) Charles b. (Middle) Fred c. (Last) Schirmer

4. DATE OF DEATH (Month) (Day) (Year) December 4, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH October 21, 1884
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance-Guard
10b. KIND OF BUSINESS OR INDUSTRY Retired Monsanto Chem. Co.
11. BIRTHPLACE (City and State or Foreign Country) Mattese, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Schirmer
13b. MOTHER'S MAIDEN NAME Ann Busch
14. NAME OF HUSBAND OR WIFE Cora A. Schirmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 494-07-6550 B
17. INFORMANT'S SIGNATURE OR NAME Cora Schirmer ADDRESS 275 Pardella ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (apoplexy) — INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Chronic
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 21, 1952, *to* Dec 4, 1952, *that I last saw the deceased alive on* Dec. 3, 1952, *and that death occurred at* 3.30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Roy C. Phillips M.D.
23b. ADDRESS 7702 Lowry Ave.
23c. DATE SIGNED 12/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery
24d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Road.

DATE REC'D BY LOCAL REG. 12-7-52
REGISTRAR'S SIGNATURE Herbert R. Dombe - M.D.
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U.&L.Co. **ADDRESS** 7814 S. Broadway

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student .....
Student Embalmer

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.