No. 300
10.48

FILED JAN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4313

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 6287

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sappington,
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) 43 Fox Meadows

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sappington 4000
d. STREET ADDRESS (If rural, give location) 43 Fox Meadows ? 0

3. NAME OF DECEASED (Type or Print)
a. (First) THERESA
b. (Middle)
c. (Last) KIRN

4. DATE OF DEATH (Month) (Day) (Year) Jan. 24 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Febr. 11, ~~1870~~ 1871
9. AGE (In years last birthday) 81 ~~82~~ 1
IF UNDER 1 YEAR Months 11 Days 13
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Peter Schmidt
13b. MOTHER'S MAIDEN NAME Katherine Heitzler
14. NAME OF HUSBAND OR WIFE George C. Kirn, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Chas. F. Paul, 43 Fox Meadows ADDRESS

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 6 mos.

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4200

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

Cons. Legal

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* Jan, 1952, *to* Jan. 24, 1953, *that I last saw the deceased alive on* Jan 24, 1952, *and that death occurred at* 7:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert W. Tichenor (Degree or title) MD
23b. ADDRESS P.O. Box 6 Sappington 23 Mo
23c. DATE SIGNED 1-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 27, 1953
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) St. Louis, (State) Missouri

DATE REC'D BY LOCAL REG. 1-26-53
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden Fun. Home, Inc. 1936 ADDRESS St. Louis A

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....

Licensed Embalmer No. 3362

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St Louis }

State File No. 4313
Local Registrar's No. 0287

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 26 day of January, 1953, before me appears Mrs. Katherine Paul, who, upon her oath, states that the original record of ~~birth~~ death for Mrs. Theresa Kion, died ~~born~~ January 24, 1953, in the State of Missouri, and which was filed at St Louis County on Jan 26, 1953, should be corrected as follows:

Item No. 8 should read February 11 - 1871
Instead of February 11 - 1870
Item No. 9 should read Eighty One
Instead of Eighty Two
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Katherine K. Paul Daughter
Relationship.

43 Fox Meadows Taffington, 23, Mo.
Present Address.

Subscribed and sworn to before me this 26 day of January, 1953.

My Commission expires March 19-1954 Laurence Jupprecht Notary Public.

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