

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24796

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6424

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis.		c. LENGTH OF STAY (in this place) 29 yrs.		c. CITY OR TOWN St. Louis.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4061 McDonald Ave.,		e. STREET ADDRESS (If rural, give location) 4061 McDonald Ave., 2169					
3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) T. c. (Last) Kirchmer,			4. DATE OF DEATH (Month) (Day) (Year) July 12, 1954.				
5. SEX Female	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH March 12, 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days 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		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Tumbach,		13b. MOTHER'S MAIDEN NAME Catherine Schaefer			
14. NAME OF HUSBAND OR WIFE Henry A. Kirchmer,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Henry A. Kirchmer,		ADDRESS 4061 McDonald 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. dilatation of heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic cardiac vascul. disease DUE TO (c) Ca of breast - metastasis to lungs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs. Several yrs. Several months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? 4221H		22. I hereby certify that I attended the deceased from June 15, 1954, to July 12, 1954, that I last saw the deceased alive on July 12, 1954, and that death occurred at 6:00 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Edwin D. Creel, M.D.		23b. ADDRESS 752 Lacey Deny Rd.		23c. DATE SIGNED 7/13/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/16/54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,			
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,		DATE REC'D BY LOCAL REG. JUL 15 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joe B. Benz 42

Licensed Embalmer No.....

P. O. Address 2842 Meramec
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.