

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

59-034771

FILED VS SEP 16 1959

INDEXED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2397 STATE FILE NUMBER

|   |                                    |   |  |
|---|------------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>LEMAY</u>                         | Length of stay in 1b<br><u>YRS</u> | c. CITY OR TOWN <u>LEMAY</u>  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>10246 SCHUESSLER RD</u> |                                    | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>10246 SCHUESSLER RD.</u> |

|   |                                  |   |   |  |   |                |
|---|----------------------------------|---|---|--|---|----------------|
| 3. NAME OF DECEASED (Type or print)<br>First <u>ROSE</u> Middle Last <u>EIRICH</u>                                    |                                  |   | 4. DATE OF DEATH<br>Month <u>SEPT</u> Day <u>1</u> Year <u>1959</u> |  |   |                |
| 5. SEX<br><u>FEMALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5/28/1893</u>                                | 9. AGE (last birthday)<br><u>66</u>        | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>AT HOME</u>         |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>ILLINOIS</u>       |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |                |
| 13a. FATHER'S NAME<br><u>GUSTAV WIEGERT</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>-----KIEFER</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>OTTO</u> |   |                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>NONE</u>  | 17. INFORMANT Address<br><u>OTTO EIRICH 10246 SCHUESSLER RD</u>     |  |   |                |

|   |            |  |
|---|------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> |            | INTERVAL BETWEEN ONSET AND DEATH<br><u>15 Min.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) |  |
|   | DUE TO (c) |  |

|   |  |  |  |
|---|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|   |   |  |   |
|---|---|--|---|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |   |
| 20c. TIME OF INJURY<br>Hour <u>8:45</u> a.m. p.m.<br>Month, Day, Year                             | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)     | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

21. I attended the deceased from 1952 to Sept 1 59 and last saw her/him alive on 1 Sept 59.  
Death occurred at 8:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                              |   |  |                                      |
|---|------------------------------|---|--|--------------------------------------|
| 22a. SIGNATURE<br><u>R. J. Schmeiser MD</u> (Degree or title)                 |                              | 22b. ADDRESS<br><u>6817 Gravois</u>                             |  | 22c. DATE SIGNED<br><u>1 Sept 59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>                    | 23b. DATE<br><u>9/8/1959</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>NEW ST. MARCUS CEM</u> | 23d. LOCATION (City, town, or county) (State)<br><u>ST. LOUIS CO., MO.</u> |                                      |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>J L ZIEGENHEIN &amp; SONS 7027 GRAVOIS</u> |                              | 25. DATE RECD. BY LOCAL REG.<br><u>9-8-59</u>                   | 26. REGISTRAR'S SIGNATURE<br><u>Jung, Murphy M.D.</u>                      |                                      |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Arnold Benz*

Licensed Embalmer No. *4F63*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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