

FILED JAN 24 1942 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. Dieterle Lane
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th
year 1941 hour 6:55 minute _____ A.M. M.

21. I hereby certify that I attended the deceased from
October 15 1941 to Dec 13 1941
that I last saw him alive on December 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Toxaemia
Biliary - infectious

Due to Hypertrophic Postal Cirrhosis

Due to Ch. Alcoholism

Other conditions Gastric Pt. Pyloritis Psychia

(Include pregnancy within 3 months of death)
Myocarditis Nervosa - Cortical Lesion

Major findings:
Of operations _____

Of autopsy As above

Duration

Indeterminate

Ind.

12 yrs

Ind.

Ind.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Nelson Perkins (M. D. or other) _____
Address 2307 N. Kingshighway Date signed Dec 13

3. (a) PRINT FULL NAME Jacob H. Firneis
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Betty Firneis
6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 8th 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 8 5 hr. _____ min.

9. Birthplace Austria Hungary (City, town, or county) (State or foreign country)

10. Usual occupation Chiropractor

11. Industry or business _____

12. Name Unknown Firneis

13. Birthplace Austria Hungary (City, town, or county) (State or foreign country)

14. Maiden name Unknown Wehner

15. Birthplace Austria Hungary (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Krutsch

(b) Address 5454 Eichelberger Ave.

17. (a) Burial (b) Date thereof 12-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 12 1941 (b) J. J. Bredebeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Mr. William J. ... 11-1
2301 St. ...
To: 8365-

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed: *William J. ...*

Licensed Embalmer No. *3027*

P. O. Address.....

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.