S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31423

Registration District No. 184 Primary Registration District No. 117 Registrar's No. 2010

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 427 Clark 1
(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 Missouri (b) County St Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL") 4
(d) Street No. 427 Clark
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nicholas E. Schira
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced 1 married
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased June 28, 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	2	28	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER
12. Name Nicholas Schira
13. Birthplace Bourdeaux (City, town, or county) France 5 (State or foreign country)
MOTHER
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) France 5 (State or foreign country)
16. (a) Informant Irma Tucker
(b) Address 408 Fairview
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/28/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem
18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) SEP 28 1942 (Date received local registrar) (b) C. G. McGarrow M.D. (Registrar's signature) 4K

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26 year 1942 hour 2 minute a M.
21. I hereby certify that I attended the deceased from Jan 1 1940 Sept 26, 1942 to Sept 26, 1942 that I last saw him alive on 9-25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 9 Jd

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature B. J. McGinn (M. D. or other)
Address 2682 S. Grand Date signed 9-26-42

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.