

Filed NOV 23 1942

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **5800 Arsenal St.**

(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **City Infirmary**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 yrs 3 mo.**  
(Specify whether years, months or days)

In this community **52 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1167** **Reverview Blvd. City Infirmary**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Andrew Mirth**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **9** th.  
year **1942** hour **3:20 P.M.** minute **..** M.

21. I hereby certify that I attended the deceased from **11** 19 **Nov. 9,** to **19** **1942**  
that I last saw **him** alive on **Nov. 9,** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of wife or wife **Caroline Mirth nee Loos** (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **April 23, 1869**  
(Month) (Day) (Year)

Immediate cause of death **Bronchopneumonia (hypostatic pneumonia)** Duration **..**

8. AGE: Years **73** Months **6.** Days **17** If less than one day **..** hr. **..** min.

Other conditions **Recent fracture left tibia, old hemiplegia, left.**

9. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Nil**

11. Industry or business **..**

12. Name **Andrew Mirth**

13. Birthplace **..** (City, town, or county) (State or foreign country) **9**

14. Maiden name **Elizabeth**

15. Birthplace **..** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **M. Geasland**

(b) Address **City Infirmary**

17. (a) **Burial** (b) Date thereof **11/12/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **NOV 11 1942** (Date received local Registrar) **J. F. Bredek** (Registrar's signature)

Due to **11/9/42**

Due to **11/9/42**

Major findings: **Of operations**

Of autopsy **no autopsy**

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) **Accident**

(b) Date of occurrence **Nov 9, 1942**

(c) Where did injury occur? **City Infirmary**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Fall**  
(Specify type of place) (e) Means of injury

23. Signature **Dr. Maxwell** (M. D. or other)

Address **5600 Arsenal St** Date signed **11-10-42**

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**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. Buchholz*

Licensed Embalmer No. *2110*

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