

S. No. 2
M-2-43
5-17-39
P-I X358

ED MAR 27 1944 318

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 days
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4336 College Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME FRED SCHIRM

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 Widower

6. (b) Name of husband or wife Christina

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 10, 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>10</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Contractor (Concrete)

12. Name George Schirm

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

14. Maiden name Not known

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

16. (a) Informant C. Fred Schirm

(b) Address 2049 Adelaide Avenue

17. (a) Burial (b) Date thereof 3/20/44
(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 Avenue

19. (a) MAD 10 (b) J. F. Brudick
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 17
year 1944 hour 9 minute 20 PM

21. I hereby certify that I attended the deceased from Dec. 22, 1943 to March 17, 1944
that I last saw him alive on March 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma

Due to Diabetic gangrene of the leg & foot 10 wks.

Due to Diabetic Mellitus 3 yrs.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: GI
Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Arthur Sudler (M. D. or other) M.D.
Address 2202 University Date signed 3/20/44

Duration 4 wks.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 G. 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.