. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

39926

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11254

FILED JAN 5 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: Oak

(a) State Mo. (b) County 17

(c) City or town St. Louis, 15 (If outside city or town limits, write "RURAL")

(d) Street No. 3224 Pulaski St. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Francis X. Wirfs

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 27 (Day) 1861 (Year)

8. AGE: Years 83 Months 5 Days 2 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation (Retired) Funiture Finisher

11. Industry or business

FATHER
12. Name Jocob Wirfs
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Caroline Dierkes
(b) Address 3224 Pulaski St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cem

18. (a) Signature of funeral director Wm J Robert L & N Co
(b) Address 1905 S Grand Blvd

19. (a) DEC 31 1944 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th year 1944 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec-1st, 1943, to Dec-15, 1944 that I last saw him alive on Dec-15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Senility

Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 93

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 0

23. Signature L. F. Murray (M. D. or other)

Address 900 - Russell Date signed 12-30-44

(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 John Ketter

Licensed Embalmer No. 3880

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.