. S. No. 300
0M—10-47
ev. 5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41815

Primary Registration District No. 1003

Registrar's No. 10674

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

(c) City or town Owensville 2 0
(If outside city or town limits, write "RURAL")

(d) Street No. N.R. (If rural, give location) 1

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

If yes, name country

3. (a) PRINT FULL NAME Henry William F. Schirmann

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary Schirmann

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased October (Month) 29 (Day) 1883 (Year)

8. AGE: Years 65 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Drake (City, town, or county) Missouri 11 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Frederick Schirmann
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. Bertha Schirmann
(b) Address 2806 Rutger St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Owensville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 9 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th year 1948 hour 2 minute 05 P.M.

21. I hereby certify that I attended the deceased from 11-23-48, 19, to 12-7-48, 19; that I last saw him alive on 12-7-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
General Carcinomatosis
Site not ascertained

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

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 Albert Repetto M.D. (M.D. or other)

Address 1515 Lafayette Avenue Date signed 12-8-48

(Licensed Embalmer's Statement on Reverse Side)

10674

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.....

Licensed Embalmer No.....

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.