

FILED JUL 1 - 1954

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21685**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1335**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Chesterfield</b>		c. LENGTH OF STAY (in this place) <b>19 years</b>	c. CITY OR TOWN <b>Chesterfield</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. R. #1</b>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS <b>R. R. #1</b>			

3. NAME OF DECEASED (Type or Print) <b>EDMUND W. SCHIRMER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 6, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>June 7, 1908</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>45 11 29</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self employed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Ernest Schirmer</b>		13b. MOTHER'S MAIDEN NAME <b>Mathilda Fink</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ernest E. Schirmer, R.R.#1, Manchester</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>From self-inflicted strangulation by ligature. The deceased was found hanging from a rafter in the granary on his farm, on Olive St. Rd. at Gumbo by Deputy Sheriff WILKERSON; hanging by a rope. The body was removed by Schrader Ambulance to St. Louis County Hospital.</b>		
	II. OTHER SIGNIFICANT CONDITIONS by a rope. The body was removed by Schrader Ambulance to St. Louis County Hospital.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Gumbo St. Louis Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6/6/54 ? m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Self-inflicted strangulation by ligature.</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Emald J. Willman</i>		(Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Clayton, Mo.</b>		23c. DATE SIGNED <b>6/9/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/9/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul, Ev. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>6-8-54</b>		REGISTRAR'S SIGNATURE <i>Herbert R. Donker</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Louis H. Popp, Inc. Kirkwood</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Hand*

*774*

*No*

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

NOT EMBALMED

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

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