ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-007210
STATE FILE NUMBER

AMENDED ✓

Registration District No. 347 Primary Registration District No. 547 Registrar's No. 544

FILED VS MAR 2 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St.Louis,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights — Length of stay in 1b: 5 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Marys Hosp. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: ST. LOUIS
c. CITY OR TOWN: Crestwood, — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 8750 Fox Park Dr. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: JULIA Middle: Last: SCHIRMER

4. DATE OF DEATH: Month Feb. Day 23, Year 1961

5. SEX: Female **6. COLOR OR RACE**: White **7.** Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ **8. DATE OF BIRTH**: 2-15-1881 **9. AGE** (last birthday): 79 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Nicholas Wagner
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Late Alex Schirmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Robert L.Schirmer — Address: 8750 Fox Park Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): cerebral arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 2-20-61 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Jan 21, 1961, to Feb 23, 1961 and last saw her/him alive on 2-23-61
Death occurred at 6:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John A. Nuetzel MD
22b. ADDRESS: 950 Frances Place Clayton
22c. DATE SIGNED: 2-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb.27,1961
23c. NAME OF CEMETERY OR CREMATORY: St Matthews
23d. LOCATION (City, town, or county) (State): St.Louis, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Kriegshauser-4228 S.Kingshighway Blvd
25. DATE RECD. BY LOCAL REG.: 2-24-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ernest W. Spie

Signature of Student Embalmer

Licensed Embalmer No. 1408

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.