

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29112

State File No. ....

FILED SEP 1 1951  
XC 1 224 354-  
Reg #50473BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2984

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>2191 days</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> <b>2179</b>	
f. STREET ADDRESS (If rural, give location) <b>3962 A RUSSELL</b>		g. HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <b>PETER J.</b> b. (Middle) <b>KIRCHNER</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>8-23-51</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8-15-1891</b>
9. AGE (in years last birthday) <b>60</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stationary Engineer</b>	11. BIRTHPLACE (State or foreign country) <b>LAWRENCETON, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>ANTOINE KIRCHNER</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Glaser</b>		14. NAME OF HUSBAND OR WIFE <b>NELLIE KIRCHNER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b> <b>VW-1</b>		16. SOCIAL SECURITY NO. <b>NON E</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHOPNEUMONIA</b>			491X
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>CEREBELLAR HEREDO-ATAXIA (Marie Type)</b>			
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION -----	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) -----		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -----			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m) ----- <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? -----			
22. I hereby certify that I attended the deceased from <b>8-23, 1945, to 8-23, 1951</b> , <del>that death occurred at 1:00 a.m., from the causes and on the date stated above.</del>			
23a. SIGNATURE <b>J. E. Stilwell</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VAH, JEFFERSON BARRACKS, MO.</b>	
23c. DATE SIGNED <b>8/23/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Aug 27-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>National</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>8-25-51</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Herbert R. Donahue, Hoffmeister W&amp;L Co., St. Louis, Mo.</b>	

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AVOID FINGERPRINTS

**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 \_\_\_\_\_  
Student Embalmer

Signed *Harry J. Schumacher*

Licensed Embalmer No. 2639

P. O. Address 2514 1<sup>st</sup> Broadway

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.

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