MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6593

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. St Louis Baptist Hosp. St. ..... Ward)

File No. 1818

Registered No. .....

2. FULL NAME Herman H. Kirtman

(a) Residence. No. 8838 W. Broadway St., 8 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Kirtman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25-1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	1	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Boat Builder

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Herman Kirtman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Louise Kirtman
(Address) 8838 W. Broadway

15. FILED FEB 23 1927 19.. Max C. Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 1927

17. HEREBY CERTIFY, That I attended deceased from Jan. 12, 1927, to February 21, 1927, that I last saw him alive on Feb. 21, 1927, and that death occurred, on the date stated above, at 2.50 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis acute (duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1 yr

6 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical ex + laboratory

(Signed) D. H. Johnson M. D

2/22, 1927 (Address) 2435 N. Grand Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery

DATE OF BURIAL: 2/25 1927

20. UNDERTAKER: W. A. Sloot Und Co

ADDRESS: 2117 E. Grand

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2.

Dr Johnson
5416 N Grand