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

Do not use this space.
31825

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9081

City St. Louis (No. 4438 Chouteau Ave. ..... St. ..... Ward)

2. FULL NAME Robert W. Kirkwood

(a) Residence. No. 4438 Chouteau St., 18 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Baldwin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-3-1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	0	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Owner

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

PARENTS

10. NAME OF FATHER Douglas Kirkwood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Scotland
12. MAIDEN NAME OF MOTHER Isabelle Groves
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Scotland

14. INFORMANT Annie B. Kirkwood
(Address) 4438 Chouteau

15. FILED SEP 11 1928, 19..... Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-8, 1928, to 9-10, 1928, that I last saw him alive on 9-7, 1928, and that death occurred, on the date stated above, at 7 00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
9 Myocarditis Chronic
9 Chronic
9 Chronic
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) J. S. Sheets, M. D.
9-10, 1928 (Address) 4575 E. Chouteau

*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	DATE OF BURIAL
Oakhill Cem	Sept 12 1928
20. UNDERTAKER	**ADDRESS**
Alexander & Lons	6175 Delmar

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.