

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

Do not use this space.

32938

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
 Township Cape Girardeau Primary Registration District No. 3009  
 City Cape Girardeau (City) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1217  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wm Eugene Kirschhoff  
 (a) Residence. No. 801 South Benton St. \_\_\_\_\_ 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) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-4-1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
9 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Child  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER William Kirschhoff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape County  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Wilma Ehrlich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape County  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mr. W. Kirschhoff  
 (Address) 801 South Benton

15. FILED 1971, 1928 W. Karupper  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 8, 1928, to Oct 9, 1928 that I last saw him alive on Oct 9, 1928, and that death occurred, on the date stated above, at 10:55 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

107A Bronchopneumonia  
(Primary Infection)

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) George Walker, M. D.

1911, 1928 (Address) Cape Girardeau no

\*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

Coyt Mills Oct. 11 1928

20. UNDERTAKER ADDRESS  
Al. Brunhoff 536 Broad

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.

1928

