N 28 1929

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

Do not use this space.

19268

1. PLACE OF DEATH

County ..... Registration District No. 785 File No. .....

Township Bonhome Primary Registration District No. 6031 Registered No. 89

City Creve Coeur, Mo. (No. Morning Glory Drive St. ..... Ward)

2. FULL NAME Robert Joseph Wirt.

(a) Residence. No. Morning Glory Drive 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White.	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7)-5-1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	6	10	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Boy.

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Edward C. Wirt.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St, Louis Mo.

12. MAIDEN NAME OF MOTHER Mrgt Christian.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St, Louis Mo.

14. INFORMANT E. C. Wirt
(Address) Creve Coeur Mo.

15. FILED 6/10, 1929 C. E. Barnett M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/16/29 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1929, to May 16, 1929 that I last saw him alive on May 15, 1929, and that death occurred, on the date stated above, at 11-15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

85 Epilepsy

(duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 78

(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? —

(Signed) Roland R Menown, M. D

5/17, 1929 (Address) 5330 Geraldine Av

*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
Valhalla Cemetery.	5/18/2 19

20. UNDERTAKER Provost Und Co ADDRESS 3710 N. Grand.