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

Do not use this space.

23119

File No. 6575

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1013

City St. Louis Mo. (No. 5778 Pershing Ave., ... St. ..... Ward)

2. FULL NAME SUSAN KIRKWOOD

(a) Residence. No. 5778 Pershing Ave. St. 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23rd 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	11	21	

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

9. BIRTHPLACE (CITY OR TOWN) Doublin
(STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER Jno. Thos. Kirkwood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Doublin
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Mary Burns
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Doublin
(STATE OR COUNTRY) Ireland

14. INFORMANT Andt. Hummelsby
(Address) 5778 Pershing Ave.

15. FILED JUN 15 1931 Herman C. Stankert
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14th 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1930 to June 14 1931, that I last saw him alive on June 14 1931, and that death occurred, on the date stated above, at 9:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cremoma Bronchial
Left Hemiplegia Apoplectic
Chr. Myocarditis, Arteriosclerosis
(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) Purpura Haemorrhagica
(duration) yrs. 6 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? Clinical Signs
(Signed) Paul Kingsley Webb M. D.
6/14/1931 (Address) 917 Belt 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 Memorial Park Cem DATE OF BURIAL 6/15/1931
20. UNDERTAKER Wm. Vandeloo 6175 ADDRESS 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.

Dr. Wenn
9/5 BEL