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.

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

Do not use this space.

33735

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9030

City ..... (No. St Anthony Hospital St. ..... Ward)

2. FULL NAME Henry Kirsch

(a) Residence, No. 118 E. Stein St., 1 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 18 - 1849

7. AGE: YEARS 83 | MONTHS 2 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hostler R.R.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mathilde Mueller. 118 E. Stein St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt Olive Cem DATE: Oct. 13, 1932

19. UNDERTAKER (ADDRESS): Jos. P. Fendler, Jr. 7128 Michigan Ave.

20. FILED: OCT 14 1932, 19 Max C. Starkloff, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-31, 1932, to 10-10, 1932

I last saw him alive on 10-9, 1932. Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
Chronic Nephritis	1932
1860	1

Other contributory causes of importance? Fractured Right Hip due to fall down stairs at residence Accident — 7-31-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/31, 1932

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall down stairs

Nature of injury Fractured Right Hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) B. K. Hund, M. D.

(Address) 5417 So Grand Blvd