

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 701
City St. Louis (No. 4524 Green) St. _____ Ward _____

File No. 3471
Registered No. 389
St. _____ Ward _____

2. FULL NAME Casper Kirsch

(a) Residence, No. 4526 Green St. 6 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary a Kirsch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 12 1846</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>9</u>
		DAYS <u>28</u>
	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Painter</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	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 Peter Kirsch

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Barbara Kirsch

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Geo Kirsch (ADDRESS) 4526 Green

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 12 1933

19. UNDERTAKER Fred M Williams (ADDRESS) 4537 Washington

20. FILED 11 1933 W. E. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/2/33, 19... to 1/10/33, 19...
I last saw him alive on 1/9/33, 19... Death is said to have occurred on the date stated above, at 12:20 m.
The principal cause of death and related causes of importance were as follows:

Stroke - Chronic
95
Other contributory causes of importance:
77

Date of onset
10-1-33
97
20

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19...
Where did injury occur?..... (Specify city or town, county, and State)

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

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) W. H. Ryker, M. D.
(Address) 4243 Leiden

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.

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