

SEP 25 1934

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

Do not use this space.

31514

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carmel Primary Registration District No. 6248.03
City Jefferson Barracks, Mo., Veterans' Administration Facility, St. Ward

File No. Registered No. 2892. FULL NAME Charles E. IRWIN

(a) Residence, No. 421 Collinsville Ave., St. Ward East St. Louis, Illinois
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Peggy Irwin		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 28, 1887		
7. AGE YEARS 46	MONTHS 10	DAYS 7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moving Picture Machine Operator		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable		
10. Date deceased last worked at this occupation (month and year) Unavailable		11. Total time (years) spent in this occupation Unavailable
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York		
13. NAME Unavailable		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable		
15. MAIDEN NAME Unavailable		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable		
17. INFORMANT E. C. GALLAGHER, M.D., Act. Clin. Dir. (ADDRESS) Vets. Adm. Bldg., Jeff. Bks., Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE August 7, 1934		
19. UNDERTAKER Thierfeld Ind. Co. (ADDRESS) East Saint Louis Ill.		
20. FILED 8-12 19 <u>34</u> B. H. Tate, M.D. Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 5, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **August 2, 1934** to **August 5, 1934**
I last saw him alive on **August 5, 1934**. Death is said to have occurred on the date stated above, at **10:50 A.M.**
The principal cause of death and related causes of importance were as follows:
Cirrhosis of liver, portal
124 type
124/124/1
Other contributory causes of importance:
Anemia secondary

Date of onset **Unkn.**

Name of operation **None**
Physical, Clinical manifestations, X-Ray & Laboratory findings
What test confirmed diagnosis? **No** Was there an autopsy? **No**

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. GIBSON, M.D., Manager**, MXX
(Address) **Vets. Adm. Bldg., Jeff. Bks., Mo.**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AVOIR: 11/10/1914

16 000 000
10 000 000
10 000 000

Verdict

10 000 000

10 000 000

10 000 000

10 000 000