

JUN 12 1935

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

Do not use this space.

18028

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City St. Louis (No. 1100 A Wyoming St) St. Ward

File No.
Registered No. **4348**
St. Ward

2. FULL NAME Joseph Kirchhoff

(a) Residence, No. 1100 A Wyoming St. 24 Ward. (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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 - 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10. Date deceased last worked at this occupation (month and year) Don't know 11. Total time (years) spent in this occupation 24 yrs

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

13. NAME John Kirchhoff

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) None

17. INFORMANT (ADDRESS) Joseph V. Kirchhoff
3124 Providence St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Paul DATE May 17, 1935

19. UNDERTAKER (ADDRESS) J H Wetten
2620 Spruce St

20. FILED MAY 14 1935 J. F. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1934, to May 13th, 1935
I last saw him alive on May 13th, 1935. Death is said to have occurred on the date stated above, at 12:50 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Degenerative Heart Disease
"auricular Fibrillation"
Date of onset 1934
Other contributory causes of importance Arteriosclerosis 930 5 years

Name of operation Date of
What test confirmed diagnosis? Acute Arteriosclerosis 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) Henry P. Grault, M. D.
(Address) 2905 Cherokee

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.

D-117 Grand

2905 Chesapeake St.