

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.

1. PLACE OF DEATH 14 1936

24938

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. City) St. _____ Ward _____
2. FULL NAME Charles Kirsch
(a) Residence, No. _____ St. _____ 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>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| <u>abt 57</u> | | | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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 _____ | |
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | | |
| | 13. NAME <u>Unknown</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | | |
| | 15. MAIDEN NAME <u>Unknown</u> | | | |
| FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | | |
| | 17. INFORMANT <u>Steph J. of City</u> (ADDRESS) <u>of City</u> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Louis</u> DATE <u>4-22-36</u> | | | | |
| 19. UNDERTAKER <u>W Richter</u> (ADDRESS) <u>3502 Rutger St</u> | | | | |
| 20. FILED <u>JUN 30 1936</u> <u>J. P. Redick</u> Registrar. | | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|--|-----------------------------|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) | <u>6/16/36</u> |
| 22. I HEREBY CERTIFY, That I attended deceased from <u>6/11</u> 19 <u>36</u> to <u>6/16/36</u> 19 <u>36</u> I last saw him alive on <u>6/16/36</u> 19 <u>36</u> Death is said to have occurred on the date stated above, at <u>12:00</u> m. The principal cause of death and related causes of importance were as follows: <u>Arteriosclerosis, General</u> Date of onset <u>131</u> | |
| Other contributory causes of importance: <u>Nephritis, Chr. (Arteriosclerotic)</u> | |
| 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) <u>Ray Greenbaum</u> M. D. (Address) <u>City</u> | |

