AUG 18 1936

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

Do not use this space.

28572

File No. 7337

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 2243a Shenandoah St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Mary Kirchhoff

(a) Residence, No. 2243 Shenandoah St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Henry F. Kirchhoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	~~00~~	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Albany (STATE OR COUNTRY) N. York

FATHER

13. NAME Christopher Doerr

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

MOTHER

15. MAIDEN NAME Katherine Gundrum

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

17. INFORMANT Dorothy Kirchhoff (ADDRESS) 2243a Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cemetery DATE July 17, 1936

19. UNDERTAKER Biedenwieden Funeral Home, Inc. (ADDRESS) 1936 St. Louis Avenue

20. FILED JUL 16 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Febr. 19, 1936, to July 15, 1936

I last saw her alive on July 14, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

	Date of onset
Cerebral Apoplexy due to	
Chronic Hypertension	2/19/36
Other contributory causes of importance:	
Chronic Interstitial	
Nephritis	1934

Name of operation X 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? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

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

X

Manner of injury X

Nature of injury X

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

If so, specify

(Signed) William DeWitt, M. D.

(Address) 3325 S. Grand Blvd.

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.