

AUG - 5 1937

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

Do not use this space.

26026

1. PLACE OF DEATH

County

Township St. LouisCity C. 5636Registration District No. 791Primary Registration District No. 1003City Hospital No. 1003

File No.

Registered No. 7200

St.

Ward)

2. FULL NAME

John Kirchoff(a) Residence, No. 1331 FranklinSt. 25

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

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFVirginia Kirchoff

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

Dec. 27, 1859.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.777--8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Carpenter9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Alsace Lorraine

13. NAME

Michel Kirchoff14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Alsace Lorraine

15. MAIDEN NAME

Dont Know.16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Dont Know.17. INFORMANT
(ADDRESS)Hosp. Infom. Kent
City Hospital

18. BURIAL, CREMATION, OR REMOVAL

SS. Peter and Paul Cem. DATE Jul. 30, 1937.19. UNDERTAKER
(ADDRESS)J. H. Hebbens & Co.
2842 Meramec St.

20. FILED

JUL 29 1937J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

7/27/37

19

22. I HEREBY CERTIFY, That I attended deceased from

7/24/377/27/37

19

I last saw him live on 7/27/37, 19..... Death is saidto have occurred on the date stated above, at 9.15 p.

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

Date of onset

Cerebral Hemorrhage,
(dead)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

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) Charles J. Farrington, M. D.(Address) City Hospital No. 1

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.

