OCT 14 1937

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

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32669
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 8723
(c) City St. Louis, Mo. (d) Street No. 1712 S. Broadway. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gale Irwin
(a) Residence, No. 1712 S. Broadway St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1935
7. AGE: YEARS 2 MONTHS 7 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME Earl Irwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown, Missouri

MOTHER
15. MAIDEN NAME Gertrude Drinnen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herculanium Missouri

17. INFORMANT (ADDRESS) Earl Irwin 1712 S. Broadway
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews Cem. DATE Sept. 18, 1937
19. FUNERAL DIRECTOR (ADDRESS) Wm. C. Maydell 1926 Allen Ave.
20. FILED SEP 18 1937 J. F. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept. 9th, 1937, to Sept 17th, 1937
I last saw him alive on Sept 16th, 1937. Death is said to have occurred on the date stated above, at 11:30a
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-entero-colitis caused by error in diet	9/7/37

Other contributory causes of importance: X

120

Name of operation none Date of X
What test confirmed diagnosis? Stools 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? No
If so, specify X
(Signed) Walter E. Frank M.D., M. D.
(Address) 3501 California Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X12004

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STATEMENT BY LICENSED EMBALMER

I, Wm. B. Moydell, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Wm. B. Moydell

Licensed Embalmer No. 1467

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)