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.

FEB 12 1938

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

Registration District No. 791 / 1003

Do not use this space. 732

Registered No. 588

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis, Mo.

(d) Street No. U. S. Marine Hospital, 3640 Marine Ave 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 Howard W. Kitrley 364

(a) Residence, No. 12 Highland Place St. nR Kirkwood, Mo.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Kirtley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1895

7. AGE: Years 42 | Months 2 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railway Postal Clerk

9. Industry or business in which work was done, as saw mill, bank, etc. Railway Mail service.

10. Date deceased last worked at this occupation (month and year) 1-6-1938

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown / Iowa

FATHER

13. NAME Edgar Kirtley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown / Iowa

MOTHER

15. MAIDEN NAME Eva A Ackley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Clinical Record U.S.Marine Hospital, St.Louis, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE National Cem DATE 1- 19, 1938

19. FUNERAL DIRECTOR (ADDRESS) Louis H Bopp Kirkwood Mo

20. FILED JAN 17 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1938, 19, to Jan. 16, 1938, 19

I last saw him alive on Jan. 16, 1938, 19 Death is said to have occurred on the date stated above, at 6:48 A.M.

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

	Date of onset
Thrombosis, mesenteric, sigmoid.	1-7-38

Other contributory causes of importance:

Peritonitis, general (operation for recurrence of hernia)	1-13-38

Name of operation Herniopl asty Date of 1-7-38

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: No

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? Yes

If so, specify Hernia incurred while at work.

(Signed) J. A. Grider, A. Surg. USPHS, M. D.

(Address) U.S. Marine Hospital, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Louis H Boff, Licensed Embalmer No. 921

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Louis H Boff

Licensed Embalmer No. 921

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