

REC'D MAY 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15707

Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Mo. Registration District No. 757
 (b) Township St. Charles Primary Registration District No. 5999
 (c) City..... (d) Street No. County Farm 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.

Registered No. 622. PRINT FULL NAME Henry Kirchoff 621

(a) Residence, No. Flint Hill Mo. St.
 (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) March 17th 1863
 7. AGE YEARS 75 MONTHS 0 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm Hand
 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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Josephville off Germany Mo. U

FATHER 13. NAME Frank Kirchoff 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Gertrude Hoelscher

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

17. INFORMANT Mrs. Casper Kirchoff
(ADDRESS) Flint Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flint Hill Mo. DATE 4/18/38 19

19. FUNERAL DIRECTOR J. C. Dallmeier, Funeral Home
(ADDRESS) 806 N. Second St. St. Charles Mo.

20. FILED 4/18 1938 Blarew & Reeler
Local Registrar 679

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/15th/38 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938, to April 15, 1938
 I last saw him alive on April 14, 1938. Death is said to have occurred on the date stated above, at 2:30 A. m.

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

Carcinoma of Rectum Date of onset from history 3 yrs ago
45-
 Other contributory causes of importance

Name of operation..... Date of.....
 What test confirmed diagnosis? Pathology 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?.....
 If so, specify.....
 (Signed) J. P. Hardin, M. D.

(Address) St. Charles, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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.....

..... Licensed Embalmer No.....

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.)