REC'D JUL 11 1938

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

21670
Do not use this space.

1. PLACE OF DEATH

(a) County Cole — Registration District No. 213

(b) Township — Primary Registration District No. 3014 — Registered No. 189

(c) City Jefferson City, Mo. (d) Street No. St. Mary's Hospital 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 Dorthea W. Kirwin 650

(a) Residence, No. 2933 A. St Vincent Str. St. [ ] St. Louis, 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: Female
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: George W. Kirwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 16, 1885

7. AGE: YEARS 53 — MONTHS 9 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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. 0

FATHER
13. NAME: Frank Holterman 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Whillimena Raabi
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): George W. Kirwin, 2933a St. Vincent St. Louis

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE St. Louis, Mo. DATE June 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heinrichs Funeral Home, Jefferson City, Mo.

20. FILED 6/23/, 1938 S. V. Bropoil M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to June 22, 1938
I last saw her alive on June 22, 1938 Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Thrombosis Right	6-22-38
Femoral Artery	59

Other contributory causes of importance: Diabetes Mellitus

Name of operation: Findings Date of: No
What test confirmed diagnosis? Was there an autopsy?

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 No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Julian A. Ossman M. D.
(Address) Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. ... in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

John F. Heinrichs, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address: Jefferson City, Mo

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

If this body is not embalmed, above space should be left blank.