

AUG 19 1938

REC'D AUG 23 1938

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

26452

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Gleaton Primary Registration District No. 101
(c) City Clayton (d) Street No. County Hospital Registered No. 1285
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

Redden S. Kirby
(a) Residence, No. 9644 St. Charles Rock Road St. Overland, Missouri
(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 Margaret Kirby (nee Boblitt)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 4 21

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. Himself
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Timmons ville
(STATE OR COUNTRY) South Carolina

FATHER

13. NAME John Kirby
14. BIRTHPLACE (CITY OR TOWN) South Carolina
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Mary Ellen Courtney
16. BIRTHPLACE (CITY OR TOWN) South Carolina
(STATE OR COUNTRY)

17. INFORMANT Margaret Kirby - Wife
(ADDRESS) Overland, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Aug. 22, 1938

19. FUNERAL DIRECTOR C. Hoffmeister Und. & L. Co.
(ADDRESS) 7814 S. B'way, St. Louis, Mo.

20. FILED AUG 19 1938 T. R. Meyer, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 11:00p.m.

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

Chronic myocarditis

Other contributory causes of importance:

Generalized arterio-sclerosisName of operation..... Date of.....
What test confirmed diagnosis autopsy Was there an autopsy yes23. 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.....
(Signed) John O. Muller M. D.
707 (Agent) Gonner of St. Louis County, 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.)