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.

REC'D SEP 12 1938

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

791

27359

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1008

(b) Township ..... Primary Registration District No. ..... Registered No. 7373

(c) City ST. LOUIS (d) Street No. 1220 N. TAYLOR 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 GERALD KIRKHAM. 625

(a) Residence, No. 1220 N. TAYLOR St. 19
(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 GERTRUDE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 13, 1881

7. AGE: YEARS 57 | MONTHS 7 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SALESMAN.
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) (STATE OR COUNTRY) MO 0

FATHER

13. NAME SAMUEL KIRKHAM. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO 0

MOTHER

15. MAIDEN NAME FANNIE TRATIR
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) GERTRUDE KIRKHAM. 1220 N. TAYLOR

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE ALEXANDRIA DATE 8/20/38, 19

19. FUNERAL DIRECTOR (ADDRESS) CULLEN + KELLY 1416 N. TAYLOR.

20. FILED AUG 19 1938 J. F. Budrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18th, 1938, to Aug 18th, 1938
I last saw him alive on Aug 18th, 1938. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris (2 previous attacks) — Date of onset 1937

Other contributory causes of importance: Myocarditis

Name of operation — Date of —
What test confirmed diagnosis? — 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 .....
(Signed) Clyde E. Kane, M. D.
(Address) 4625 Newberry ave

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer No. 3732

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 Clement McNeary

Licensed Embalmer No. 3732

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.)