

280 MAR 13 1939

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

5183
Do not use this space.

1876

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis (d) Street No. 4327 So. Compton Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U.S., if of foreign birth? yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Eva Kirsch

(a) Residence, No. 4327 So. Compton Ave. St. 15
(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Robert G. Kirsch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 16

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

12. BIRTHPLACE (CITY OR TOWN) Milwaukee (STATE OR COUNTRY) Wis.

FATHER 13. NAME Adam Schneider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Link
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Meta K. Hearn (ADDRESS) 4327 So. Compton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Milwaukee Wis. DATE 8-27 1939

19. FUNERAL DIRECTOR (NAME) Kriegshauser Montuari (ADDRESS) 4228 So. Kingshighway

20. FEB 27 1939 19..... J. E. Brudeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26 1939

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1934, to Feb 26, 1939
I last saw him alive on Feb 26, 1939. Death said to have occurred on the date stated above, at 3:40 P.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease Date of onset 1934
General arteriosclerosis

Name of operation none Date of
What test confirmed diagnosis? Phys Exam 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) Samuel B. Grant M. D.
(Address) 114 N. Taylor Ave

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.

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

Signed *Edurn P. McDerwatt*
Licensed Embalmer No. *3024*

P. O. Address.....

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.)

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