MAR 30 1939
REC'D APR 7 1939

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City
Registration District No. 784
Primary Registration District No. 200
(No. Mt. St. Rose Hospital St. Ward)
File No. 12389
Registered No. 577

2. FULL NAME (Sd) Victor Irwin
(a) Residence, No. 555 W. Glendale Rd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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): 12/21/18
7. AGE: YEARS 20 ~~ks~~ MONTHS 3 DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, 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.

FATHER
13. NAME: Carl C. Irwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Republic Michigan

MOTHER
15. MAIDEN NAME: Louise Becht
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): Mrs. C. Irwin, 555 W. Glendale Rd
18. BURIAL, CREMATION, OR REMOVAL PLACE: Oak Hill Cem DATE: 3/31/39, 19
19. UNDERTAKER (ADDRESS): Alexander and Sons, 6175 Delmar Blvd
20. FILED MAR 30 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 29, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to March 29, 1939
I last saw him alive on March 28, 1939. Death is said to have occurred on the date stated above, at 1:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1937

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Other contributory causes of importance:

Tuberculous empyema	July 1938

Name of operation: Aspiration Date of: July 1938
What test confirmed diagnosis? Xray 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) [signature], M. D.
(Address) 462 No. Taylor

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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